REGISTERED LIMITED LIABILITY COMPANY

No Filing Fee	1D Number 140935
	T OF CHANGE OF ADDRESS HE RESIDENT AGENT
Pursuant to the provisions of Section 7-16-11(c)(1 or the person signing on behalf of the resident a agent's address within this state:) of the General Laws, 1956, as amended, the undersigned resident agent, agent, submits the following statement for the purpose of changing the
1. The name of the limited liability company is:	
Ti	iburon Financial, L.L.C.
	LY shown in the records on file with the Rhode Island Secretary of State
is: 10 Dorrance Street, Suite 530, P	rovidence, RI 02903
3. The NEW address of the resident agent is:	
450 Veterans Memorial Parkway	y, Suite 7A, East Providence, RI 02914
	ll become effective upon the filing of this statement, or on ore than 30 days after, the filing of this Statement)
	Under penalty of perjury, I declare that the information contained herein is true and correct.
Date:6/14/13	Kathleen Fritz, Vice President
	Print Name of Resident Agent
	Kathleen Fritz
	Signature
FILED	
JUN 1 7 2013	
BY	-



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

