REGISTERED LIMITED LIABILITY COMPANY

No Filing Fee	ID Number: <u>164555</u>
	CHANGE OF ADDRESS SIDENT AGENT
Pursuant to the provisions of Section 7-16-11(c)(1) of the G or the person signing on behalf of the resident agent, sub- agent's address within this state:	seneral Laws, 1956, as amended, the undersigned resident agent, omits the following statement for the purpose of changing the
1. The name of the limited liability company is:	
Reliant Capita	al Solutions, LLC
The address of the resident agent as PRESENTLY shown is: South Main Street, Suite 301, Provide	in the records on file with the Rhode Island Secretary of State ence, Rhode Island 02903
3. The NEW address of the resident agent is:	
10 Weybosset Street, Providence, Rhode I	sland 02903
4. The change of address of the resident agent shall become	effective upon the filing of this statement, or on
(a date not prior to, nor more than 3	30 days after, the filing of this Statement)
	Under penalty of perjury, I declare that the information contained herein is true and correct.
Date: 5/1/2011	Kenneth J. Uva, Vice President
	Print Name of Resident Agent
	Kenneth J. Uva Signature
	Signature

FILED
MAY 02 2011
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

