REGISTERED LIMITED LIABILITY COMPANY

No Filing Fee

No Filing Fee	ID Number: <u>489262</u>
	OF CHANGE OF ADDRESS RESIDENT AGENT
Pursuant to the provisions of Section 7-16-11(c)(1) of or the person signing on behalf of the resident ager agent's address within this state:	f the General Laws, 1956, as amended, the undersigned resident agent, nt, submits the following statement for the purpose of changing the
1. The name of the limited liability company is:	
REI	LIANCE QA, LLC
The address of the resident agent as PRESENTLY is: 155 South Main Street, Suite 301, P	shown in the records on file with the Rhode Island Secretary of State rovidence, Rhode Island 02903
3. The NEW address of the resident agent is:	
10 Weybosset Street, Providence, R	hode Island 02903
4. The change of address of the resident agent shall be	ecome effective upon the filing of this statement, or on
(a date not prior to, nor more	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: 5/1/2011	Kenneth J. Uva, Vice President
	Print Name of Resident Agent
	Kenneth J. Uva
	Signature

