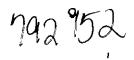
Filing Fee: \$20.00

ID Number.





## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

## LIMITED LIABILITY COMPANY

## STATEMENT OF CHANGE OF RESIDENT AGENT

Pursuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a change of its resident agent and the address of its resident agent in the state of Rhode Island as follows:

1.	The name of the limited liability company is:
	American Contact Management, LLC
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of
	State is:
	202 Phillips St Woonsocket, RI 07895
2	The NEW eddress of the resident exert is:
<b>J</b> .	The NEW address of the resident agent is: $A = A = A = A = A = A = A = A = A = A =$
	202 Phillips ST Woonsaket RI 02895
4	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of
••	State is:
	Mitchell Wnek
	The name of the NEW resident agent is:
5.	The name of the NEW resident agent is:
	Courtney Boudreau
	/
6.	The appointment of a new resident agent and the change of address of the resident agent, as the case may be, shall become effective upon the filing of this statement.
	Under penalty of perjury, I declare that the information contained herein is true and correct.
Dat	e: 2/1/13 American Contract Nignasaneki Print Name of Limited Liability Company
	FILED  Matter of Authorized Person  FER 0.7 2013
	Signature of Authorized Person
	FEB 0 7 2013
	1x9505
Form	No. 642
Revi	sed: 12/05