## REGISTERED LIMITED LIABILITY COMPANY

No Filing Fee		ID Number: <u>792466</u>
		OF CHANGE OF ADDRESS RESIDENT AGENT
Pursuant to the provisions of Se or the person signing on beha agent's address within this state	lf of the resident agen	the General Laws, 1956, as amended, the undersigned resident agent, at, submits the following statement for the purpose of changing the
1. The name of the limited liab	ility company is:	
	Curricu	ılum Associates, LLC
	gent as PRESENTLY	shown in the records on file with the Rhode Island Secretary of State
is: 222 Jefferson	Blvd., Suite 200, War	wick, Rhode Island 02888
3. The NEW address of the residue.	dent agent is:	
10 Dorrance S	Street, Suite 530, Provi	dence, Rhode Island 02903
4. The change of address of the	resident agent shall be	come 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: 2/8/2013		Kathleen Fritz, Vice President
FIL	ED	Print Name of Resident Agent
FEB 1	<b>2</b> 2013	Kathleen Fritz
Ву		Signature



## 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

