

## REGISTERED LIMITED LIABILITY COMPANY

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No Filing Fee

ID Number: 522553

### STATEMENT OF CHANGE OF ADDRESS OF THE RESIDENT AGENT

Pursuant to the provisions of Section 7-16-11(c)(1) of the General Laws, 1956, as amended, the undersigned resident agent, or the person signing on behalf of the resident agent, submits the following statement for the purpose of changing the agent's address within this state:

1. The name of the limited liability company is:

MetLife Affiliated Insurance Agency LLC

2. The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:

10 Weybosset Street, Providence, Rhode Island 02903

3. The NEW address of the resident agent is:

10 Dorrance Street, Suite 530, Providence, Rhode Island 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 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

Kenneth J. Uva, Vice President

Print Name of Resident Agent

**FILED**

FEB 12 2013

*Kenneth J Uva*

Signature

BY \_\_\_\_\_



# State of Rhode Island and Providence Plantations

**A. Ralph Mollis**

*Secretary of State*

## 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

*Secretary of State*

