## REGISTERED LIMITED LIABILITY COMPANY

No Filing Fee	ID Number:
	T OF CHANGE OF ADDRESS HE RESIDENT AGENT
Pursuant to the provisions of Section 7-16-11(c)(1 or the person signing on behalf of the resident agent's address within this state:	) of the General Laws, 1956, as amended, the undersigned resident agent, agent, submits the following statement for the purpose of changing the
1. The name of the limited liability company is:	
	HAGERTYPLUS, LLC
2. The address of the resident agent as PRESENT is:	LY shown in the records on file with the Rhode Island Secretary of State
10 Weybosset Street, Providence	ee, Rhode Island 02903
3. The NEW address of the resident agent is:	
10 Dorrance Street, Suite 530, P	rovidence, Rhode Island 02903
(a date not prior to, nor m	nore 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
	Kenneth J Uva Signature
FILED	Signature
FEB 1 2 2013	
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

