REGISTERED LIMITED LIABILITY COMPANY

| No Filing Fee | ID Number: 401193 |
|---|---|
| | HANGE OF ADDRESS IDENT AGENT |
| | eneral Laws, 1956, as amended, the undersigned resident agent, mits the following statement for the purpose of changing the |
| 1. The name of the limited liability company is: | |
| Wright | t Line LLC |
| - | in the records on file with the Rhode Island Secretary of State |
| is: 10 Weybosset Street, Providence, Rhode l | 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 e | effective upon the filing of this statement, or on |
| (a date not prior to, nor more than 3 | 0 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 |
| -u =A | Signature |
| FILED | |
| FEB 1 2 2013 | |