REGISTERED LIMITED LIABILITY COMPANY

No Filing Fee	ID Number
	NT OF CHANGE OF ADDRESS THE RESIDENT AGENT
	(1) of the General Laws, 1956, as amended, the undersigned resident agent, t agent, submits the following statement for the purpose of changing the
1. The name of the limited liability company is:	
Quic	kSilva Title and Escrow, LLC
2. The address of the resident agent as PRESEN is: 10 Dorrance Street, Suite 530,	TLY shown in the records on file with the Rhode Island Secretary of State Providence, RI 02903
	ray, Suite 7A, East Providence, RI 02914 rall 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: 6/14/13	Kenneth J. Uva, Vice President
	Print Name of Resident Agent
FILED	Kenneth J. Uva
JUN 17 2013	Signature
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

