## REGISTERED LIMITED LIABILITY COMPANY

No Filing	g Fee	ID Number556893
		NT OF CHANGE OF ADDRESS THE RESIDENT AGENT
or the pe	to the provisions of Section 7-16-11(c)(rson signing on behalf of the resident ddress within this state:	1) of the General Laws, 1956, as amended, the undersigned resident agent, agent, submits the following statement for the purpose of changing the
1. The na	ame of the limited liability company is:	
	Sea	grave Fire Apparatus, LLC
2. The adis:	ldress of the resident agent as PRESENT 10 Dorrance Street, Suite 530, F	FLY shown in the records on file with the Rhode Island Secretary of State Providence, RI 02903
3. The NE	EW address of the resident agent is:	
	450 Veterans Memorial Parkwa	ry, Suite 7A, East Providence, RI 02914
4. The cha	ange of address of the resident agent sha	Il become effective upon the filing of this statement, or on
	(a date not prior to, nor n	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:	6/14/13	Kenneth J. Uva, Vice President
		Print Name of Resident Agent
·		Kenneth J. Uva
	FILED	Signature
	JUN 17 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

