REGISTERED LIMITED LIABILITY COMPANY

No Filing Fee	ID Number <u>486411</u>
	MENT OF CHANGE OF ADDRESS OF THE RESIDENT AGENT
Pursuant to the provisions of Section 7-16- or the person signing on behalf of the re agent's address within this state:	11(c)(1) of the General Laws, 1956, as amended, the undersigned resident agent, sident agent, submits the following statement for the purpose of changing the
1. The name of the limited liability compa	ny is:
	Surplus Acquisition Venture, LLC
	ESENTLY shown in the records on file with the Rhode Island Secretary of State
is: 10 Dorrance Street, Suite	530, Providence, RI 02903
3. The NEW address of the resident agent i	s:
450 Veterans Memorial F	Parkway, Suite 7A, East Providence, RI 02914
4. The change of address of the resident ago	ent 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:6/14/13	Kenneth J. Uva, Vice President
	Print Name of Resident Agent
	Kenneth J. Uva Signature
FILED	Signature
JUN 17 2013	
ev.	



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

