REGISTERED LIMITED LIABILITY COMPANY

No Filing Fee	ID Number
	OF CHANGE OF ADDRESS RESIDENT AGENT
Pursuant to the provisions of Section 7-16-11(c)(1) of or the person signing on behalf of the resident agen agent's address within this state:	the General Laws, 1956, as amended, the undersigned resident agent, t, submits the following statement for the purpose of changing the
1. The name of the limited liability company is:	
TelCo	ove Operation, LLC
2. The address of the resident agent as PRESENTLY s is:	shown in the records on file with the Rhode Island Secretary of State
10 Dorrance Street, Suite 530, Provid	dence, RI 02903
3. The NEW address of the resident agent is:	
450 Veterans Memorial Parkway, Su	ite 7A, East Providence, RI 02914
4. The change of address of the resident agent shall bec (a date not prior to, nor more to)	han 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	
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

