REGISTERED LIMITED LIABILITY COMPANY

No ruing ree	ID Number
STAT	EMENT OF CHANGE OF ADDRESS OF THE RESIDENT AGENT
	6-11(c)(1) of the General Laws, 1956, as amended, the undersigned resident agent, resident agent, submits the following statement for the purpose of changing the
1. The name of the limited liability comp	pany is:
Ma	ssachusetts Business Association, L.L.C.
is:	RESENTLY shown in the records on file with the Rhode Island Secretary of State te 530, Providence, RI 02903
3. The NEW address of the resident agent	is:
450 Veterans Memorial	Parkway, Suite 7A, East Providence, RI 02914
4. The change of address of the resident a	gent 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
FILED	
JUN 1.7 2013	Kenneth J. Uva Signature
By	Signature
	



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

