REGISTERED LIMITED LIABILITY COMPANY

No Filing Fee	ID Number <u>531922</u>
	OF CHANGE OF ADDRESS E RESIDENT AGENT
Pursuant to the provisions of Section 7-16-11(c)(1) or the person signing on behalf of the resident agagent's address within this state:	of the General Laws, 1956, as amended, the undersigned resident agent, sent, submits the following statement for the purpose of changing the
1. The name of the limited liability company is:	
InteliSpe	end Prepaid Solutions, LLC
2. The address of the resident agent as PRESENTL	Y shown in the records on file with the Rhode Island Secretary of State
is: 10 Dorrance Street, Suite 530, Pro	ovidence, 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 agent shall l	become effective upon the filing of this statement, or on
(a date not prior to, nor mor	re 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
Bv	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

