REGISTERED LIMITED LIABILITY COMPANY

| No Filing Fee | ID Number <u>536355</u> |
|--|---|
| | CHANGE OF ADDRESS SIDENT AGENT |
| Pursuant to the provisions of Section 7-16-11(c)(1) of the cor the person signing on behalf of the resident agent, su agent's address within this state: | General Laws, 1956, as amended, the undersigned resident agent, bmits the following statement for the purpose of changing the |
| 1. The name of the limited liability company is: | |
| Mueller Se | ervice Co., LLC |
| | on in the records on file with the Rhode Island Secretary of State |
| is: 10 Dorrance Street, Suite 530, Providence | e, RI 02903 |
| 3. The NEW address of the resident agent is: | |
| 450 Veterans Memorial Parkway, Suite 7 | A, East Providence, RI 02914 |
| 4. The change of address of the resident agent shall become | e 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 | |
| | Kenneth J. Uva |
| JUN 1.7 2013 | Signature |
| Ву | |



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

