REGISTERED LIMITED LIABILITY COMPANY

No Filing Fee	ID Number
	ENT OF CHANGE OF ADDRESS THE RESIDENT AGENT
Pursuant to the provisions of Section 7-16-11(c or the person signing on behalf of the resider agent's address within this state:	(1) of the General Laws, 1956, as amended, the undersigned resident agent, agent, submits the following statement for the purpose of changing the
1. The name of the limited liability company is	:
	NMP Services, LLC
	NTLY 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 is:	
450 Veterans Memorial Parkv	way, Suite 7A, East Providence, RI 02914
4. The change of address of the resident agent sl	hall 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	
	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

