REGISTERED LIMITED LIABILITY COMPANY

No Filing Fee **ID Number** 165311

STATEMENT OF CHANGE OF ADDRESS OF THE RESIDENT AGENT

Pursuant to the provisions of Section 7-16-11(c)(1) of the General Laws, 1956, as amended, the undersigned resident agent, or the person signing on behalf of the resident agent, submits the following statement for the purpose of changing the agent's address within this state:

1. The name of the limited liability company is:

   Daimler Insurance Agency, LLC

2. The address of the resident agent as PRESENTLY 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 Parkway, Suite 7A, East Providence, RI 02914

4. The change of address of the resident agent 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 17 2013

Kenneth J. Uva

Signature

By_____