REGISTERED BUSINESS CORPORATION

No Filing Fee	ID Number: 120004
	NGE OF REGISTERED OFFICE CGISTERED AGENT
amended, the undersigned registered agent submits the	or 7-1.2-1409(d) of the General Laws of Rhode Island, 1956, as the following statement for the purpose of changing the agent's fice of the corporation named herein to another place within the
1. The name of the corporation is	
Coakley, Pierpan, Dolan & Collins Insurance	ce Agency, Inc.
2. The address of the registered office as PRESENTI Secretary of State is:	LY shown in the corporate records on file with the Rhode Island
10 Dorrance Street, Suite 530, Providence, I	RI 02903
3. The address of the NEW registered office is:	
450 Veterans Memorial Parkway, Suite 7A,	East Providence, RI 02914
4. The change of address of the registered office shall	l become effective upon the filing of this statement, or on
(a date not prior to, nor more than 30 days a	fter, filing this statement)
5. A copy of this Statement has been mailed to the co	orporation.
Date: 6/14/13	Kathleen Fritz, Vice President
	Type or Print Name of Registered Agent
	Kathleen Fritz
	Signature of Registered Agent
FILED	
JUN 1 7 2013	
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