

Filing Fee: \$20.00

ID Number: 509442



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

2013 AUG 29 AM 11:40
CORPORATIONS DIV
STATE

STATEMENT OF CHANGE OF RESIDENT AGENT

Pursuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a change of its resident agent and the address of its resident agent in the state of Rhode Island as follows:

1. The name of the limited liability company is:

Trusted Insurance Alliance, LLC

2. The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:

c/o Gomes 3rd Floor, 91 Friendship Street, Providence, RI 02903

3. The NEW address of the resident agent is:

279 Dexter Street, Pawtucket, RI 02860

4. The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:

Gordon A. Carpenter

5. The name of the NEW resident agent is:

Robert B. Loiselle

6. The appointment of a new resident agent and the change of address of the resident agent, as the case may be, shall become effective upon the filing of this statement.

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: 8/28/13

Trusted Insurance Alliance, LLC

Print Name of Limited Liability Company

FILED

AUG 29 2013

By 49-204817

A-H 11:40 A.M.

Signature of Authorized Person