Filing Fee: \$20.00

ID Number: <u>00049055</u>4



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

STATEMENT OF CHANGE OF RESIDENT AGENT

Pu cha	rsuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes ange of its resident agent and the address of its resident agent in the state of Rhode Island as follows:	а
1.	The name of the limited liability company is: WRIGHT RISK MANAGEMENT COMPANY, LLC	
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary State is: 222 JEFFERSON BOULEVARD, WARWICK, RI 02888	of
3.	The NEW address of the resident agent is: 450 Veterans Memorial Parkway, Suite 7A East Providence, Rhode Island 02914	_
4.	State is:	of
	NATIONAL CORPORATE RESEARCH, LTD.	_
5.	The name of the NEW resident agent is: C T Corporation System	
6.	The appointment of a new resident agent and the change of address of the resident agent, as the case may be, she become effective upon the filing of this statement.	all
	Under penalty of perjury, I declare that the information contained herein is true and correct.	nc
Da	wright risk management company, LLC	
	Print Name of Limited Liability Company	
	FILED Nichal McCiay	_
	JUN 09 2014 Signature of Authorized Person Nichol McCroy, Manager	
	By 06 990	
	rm No. 642 vised: 12/05 $A \cdot A $	

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