ID Number:  $\underline{000555936}$ Filing Fee: \$20.00



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335

## LIMITED LIABILITY COMPANY

## 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: Highland Insurance Solutions LLC
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:  222 JEFFERSON BOULEVARD, SUITE 200, WARWICK RI 02888
	222 JEH ERSON BOOLEVARD, SUITE 200, WARWICK RI 02000
3.	The NEW address of the resident agent is: 450 Veterans Memorial Parkway Suite 7A, East Providence, Rhode Island 02914
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
	CAPITOL CORPORATE SERVICES, INC

9-5-2014 9:59 AM

SEP 11 2014

Form No. 642 Revised: 06/01 Under penalty of perjury, I declare that the information contained herein is true and correct.

Highland Insurance Solutions LLC

Print Name of Limited Liability Company

Signature of Authorized Person

Carl L. Herrmann, III, Manager