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Form No. 642 Revised: 12/05

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

2011 NOV 28 AM II: 08:

STATEMENT OF CHANGE OF RESIDENT AGENT

	f the limited liability co	mnany is	
	•		
	WEXLER, WASSERMAN & ASSOCIATES INSURANCE AGENCY, LLC		
State is:	_		shown in the records on file with the Rhode Island Secretary of
450 VETER	ANS MEMORIAL PAR	RKWAY, SUITE 7.	A , EAST PROVIDENCE, RI 02914
3. The NEW ad	he NEW address of the resident agent is:		
222 Jefferso	22 Jefferson Boulevard, , Warwick, RI 02888		
4. The name of State is:	he name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of state is:		
NATIONAL I	REGISTERED AGENT	S, INC.	
5. The name of	the NEW resident age	ent is:	
National Co	rporate Research, Ltd		
6. The appoint become effe	ment of a new resident ctive upon the filing of	agent and the ch	nange of address of the resident agent, as the case may be, shall
			Under penalty of perjury, I declare that the information contained herein is true and correct.
Date:	19/2014		WEXLER, WASSERMAN & ASSOCIATES INSURANCE
	\		Print Name of Limited Liability Company
	FILED		X Struly P Zugla
	NOV 2 8 2014	11:08 Am	Signature of Authorized Person
ВУ	~	•,	