Filing Fee: \$20.00

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

STATEMENT OF CHANGE OF REGISTERED AGENT BY THE CORPORATION

BUSINESS CORPORATION

Pursuant to the provisions of Sections 7-1.2-502 or 7-1.2-1409 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation submits the following statement for the purpose of changing its registered agent and its registered office in the state of Rhode Island:

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1.	The name of the corporation is Claims Management Resources, Inc.		
2.	The address of the registered office as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is: 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE RI 02914		
	450 VELEZARIO MEMORIA INTERNATIONALI PROPERTIES AND		
3.	The address of the NEW registered office is: 450 Veterans Memorial Parkway, Suite 7A East Providence, Rhode Island 02914		
4.	. The name of the registered agent as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is: NATIONAL REGISTERED AGENTS, INC.		
5.	The name of the NEW registered agent is: C T Corporation System		
	upon the filing of this statement, or on		
Da	exa Co	der penalty of perjury, I declare and affirm that I have amined this Statement of Change of Registered Agent by the rporation, including any accompanying attachments, and that statements contained herein are true and correct.	
		Signature of Authorized Officer of the Corporation	
	FILED C	Type or Print Name of Authorized Officer	
	DEC 0 9 2014		
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