INSTRUCTIONS FOR FILING

- 1. Prior to submitting the statement for filing, it is recommended that you call the Corporations Division at (401) 222-3040 to verify that the information required in Items 2 and 4 of the preceding form currently appears in the records of the Secretary of State. If the information is inconsistent with the records of this office, the statement will be returned.
- 2. It is required by law to provide a street address in item 3 of the preceding form in order to provide the public with notice of a physical location at which process, notice or demand required or permitted by law may be served on the resident agent. A statement submitted with a post office box address only will not be accepted for filing.
- 3. The statement must be signed on behalf of the limited liability company by an authorized person which authorizes the change.
- 4. The fee for filing the Statement of Change of Resident Agent is \$20.00, and payment should be made payable to the Rhode Island Secretary of State.

NOTE: If a resident agent's address is changed to another address in this state, the resident agent may change the address by completing the statement below instead of the preceding form. This statement must be signed by the resident agent, or on the resident agent's behalf, and submitted for filing, without fee. Again, It is recommended that you call the Corporations Division prior to submitting the Statement to verify that the information required in item 2 below currently appears in the records of the Secretary of State. As required by law, you must provide a street address in Item 3 below.

No Filing Fee	 ID Number:	113277
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STATEMENT OF CHANGE OF ADDRESS

		OF THE	RESIDENT AGENT			
age		ing on behalf of the residen	of the General Laws, 1956, as amended, the undersig t agent, submits the following statement for the purpose			
1.	The name of the limite O'Rourke Insurance A	ed liability company is: Agency, LLC				
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: 7395 Post Road, North Kingstown, RI 02852					
	The NEW address of 3 Brown Street, Wickf	ord, RI 02852	shall become effective upon the filling of this stateme	SEC. 338		
	(€	a date not prior to, nor more the	an 30 days after, the filing of this Statement) Under penalty of perjury, I declare that the	SE TARRECE V		
Dat	e: <u>1-11-2016</u>	FILEDC	contained herein is true and correct. Matthew F. Callaghan, Jr., Print Name of Resident Agent	AN 98 4		
		JAN 1 2 2016 BY On 9:47	Signature			

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

