Filing Fee: \$20.00

ID Number: <u>000444687</u>



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

		e General Laws, 1956, as amended, the undersigned authorizes a sident agent in the state of Rhode Island as follows:
1.	The name of the limited liability company is:	
	DTA SOLUTIONS LLC	
2.	The address of the resident agent as PRESENT State is:	LY shown in the records on file with the Rhode Island Secretary of
	222 JEFFERSON BOULEVARD, SUITE 200 WAR	WICK RI 02888
3.	The NEW address of the resident agent is: 450 Veterans Memorial Parkway, Suite 7A East Provi	dence, 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:  CORPORATION SERVICE COMPANY	
5.	The name of the NEW resident agent is: C T Corporation System	
<b>3</b> .	The appointment of a new resident agent and the become effective upon the filing of this statement.	change 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.
Dat	te: <u>01/07/2016</u>	DTA SOLUTIONS LLC
	12:09pm	Print Name of Limited Liability Company
	FILED '	OL IV
	JAN <b>19</b> 2016	Signature of Authorized Person
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Form No. 642 Revised: 12/05