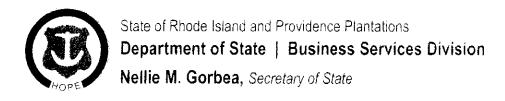
Corporations Division
Office of the Secretary of State
148 W. River Street
Providence, RI 02904-2615

STATEMENT OF RESIGNATION OF REGISTERED AGENT

PLEASE TYPE OR PRINT LEGIBLY (File one signed copy)		SECRET CORPO
The undersigned registered agent certifies as follows	:	8 55 55 55 55 55 55 55 55 55 55 55 55 55
1. The entity represented by the registered agent is: (•	AN AN
Profit Corporation Nonprofit Corporation	General Partnership Limited Liability P.	Mueral S
Limited Partnership Limited Liability Limited Partnership	X Limited Liability Company	
Other:		
2. The name and address of entity: Identification	on Number: 000965304	
THOMAS P. MILLER & ASSOCIATES, LLC 160 N. MERIDIAN STREET, STE 430, INDIA	NAPOLIS, IN 46202 USA	
(Type/Print Entity Name)	(State or Country)	
I am the resigning agent of the entity.Name of agent:		
REGISTERED AGENTS INC.		- Anto-tra-1914 Anti-con-lander
4. Notice is hereby given that I am resigning as the req		-
l certify that I have read the above statements, I am au statements are true and correct.	uthorized to make this change, and that the a	ibove
Signed this 25 day of APRIL	2016	
Bill Havre	Bel Jame	Name and America (State op come)
(Type/Print Name of Agent)	(Signature)	
Office Held:	Director/Registered Agents Inc	No. Philipped and the state of

(If applicable)



May 2, 2016

Thomas P. Miller & Associates, LLC 1630 N. MERIDIAN STREET, SUITE 430 INDIANAPOLIS, IN 46202

RE: Entity ID# 965304

Thomas P. Miller & Associates, LLC

Dear Sir or Madam:

This is to notify you that this office received on April 28, 2016 the resignation of Registered Agents Inc. as Resident Agent of the above-named limited liability company, a copy of which is enclosed. Section 7-16-11 of the General Laws of the State of Rhode Island states that "unless, a later time is specified in the resignation, it is effective thirty (30) days after it is filed."

Pursuant to the provisions set forth in Section 7-16-11 of the General Laws of the State of Rhode Island, "each domestic or foreign registered limited liability company shall have a resident agent for service of process on the limited liability company". In order to ensure that your authority to conduct business will remain intact, please file a Change of Resident Agent form with this office.

To file a Change of Resident Agent form online using Visa, MasterCard, American Express or Discover, visit www.sos.ri.gov/business/. If you do not have a CID and PIN or have forgotten your CID and/or PIN, please contact us at corp_pin@sos.ri.gov.

If you prefer to use cash or check, visit www.sos.ri.gov/business/ to download a form. You can mail the form to us with your payment or visit our office to file in person. Of course, we will provide a hardcopy of the Change of Agent form upon request.

Thank you for your cooperation.

Sincerely,

Catherine Caprio Albanese

Manager, Data and Information Services

Division of Business Services

enc.

148 W. River Street, Providence, RI 02904-2615 | Phone: 401-222-3040 | Fax: 401-222-1309 | www.sos.ri.gov

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