

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)

The undersigned registered agent certifies as follows:

1. The entity represented by the registered agent is: (please check one)

☐ Profit Corporation    ☐ Nonprofit Corporation    ☐ General Partnership    ☐ Limited Liability Partnership

☐ Limited Partnership    ☐ Limited Liability Limited Partnership    ☒ Limited Liability Company

☐ Other: \_\_\_\_\_

2. The name and address of entity:      Identification Number: 000965304

THOMAS P. MILLER & ASSOCIATES, LLC  
160 N. MERIDIAN STREET, STE 430, INDIANAPOLIS, IN 46202 USA

(Type/Print Entity Name)

(State or Country)

3. I am the resigning agent of the entity.

Name of agent:

REGISTERED AGENTS INC.

4. Notice is hereby given that I am resigning as the registered agent for service of process for the entity.

I certify that I have read the above statements, I am authorized to make this change, and that the above statements are true and correct.

Signed this 25 day of APRIL, 2016

Bill Havre

(Type/Print Name of Agent)

*Bill Havre*

(Signature)

Office Held:

Director/Registered Agents Inc

(If applicable)

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State of Rhode Island and Providence Plantations  
**Department of State | Business Services Division**  
Nellie M. Gorbea, *Secretary of State*

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/](http://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](mailto:corp_pin@sos.ri.gov).

If you prefer to use cash or check, visit [www.sos.ri.gov/business/](http://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.