RI SOS Filing Number: 201881453570 Date: 11/16/2018 2:13:00 PM

State of Rhode Island and Providence Plantations Department of State - Business Services Division				
TOPI			e -	
Statement of Change of Agent DOMESTIC or FOREIGN Limited Liability Company → Filing Fee: \$20.00			RECEIVE RECEIVE BUS SVCS	
	of RIGL <u>7-16-11</u> the undersigned leading purpose of changing its resident a			
1. Entity ID Number	2. Exact Name of the Limited Liability Company			
001681724	TeleQuality Communications, LLC			
3. The address of the res	ident office as PRESENTLY showr	in the records on file with the	RI Department of State:	
Street Address 222 JEFFER	RSON BOULEVARD, SUITE 200			
City/Town WARWICK		State RHODE ISLAND	Zip 02888	
4. The name of the reside	ent agent as PRESENTLY shown in	n the records on file with the R	I Department of State:	
CORPORATION SERVICE	E COMPANY			
5. The address of the NE	W resident office is:			
Street Address (<u>NOT</u> a P.O.	Box) 450 Veterans Memorial Parkwa	y, Suite 7A		
City/Town East Providence,		State RHODE ISLAND	Zip 02914	
6. The name of the NEW	resident agent is:			
C T Corporation System				
7. Date when this Statem	ent of Change of Resident Agent v	vill be effective: CHECK ONLY	ONE BOX	
X Date received (Upor	n filing)			
	(Date must be no more than 30 da			
Under penalty of perjury, Limited Liability Compan	I declare and affirm that I have exe y, and that all statements contained	amined this Statement of Char d herein are true and correct.	nge of Resident Agent by the	

SIGN DOCUMENT HERE

MAIL TO:

Nathan Giffin

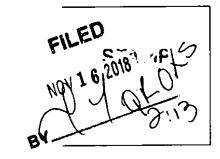
Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Name of Authorized Person of the Limited Liability Company

Signature of Authorized Person of the Limited Liability Company

Phone: (401) 222-3040 Website: www.sos ri.gov



Date

11/16/2018