

Filing Fee: \$20.00

ID Number: 89540



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

**STATEMENT OF CHANGE OF RESIDENT AGENT
OR ADDRESS OF RESIDENT AGENT, OR BOTH**

Pursuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a change of its resident agent or the address of its resident agent, or both, in the state of Rhode Island as follows:

- The name of the limited liability company is:
Combined Services Limited Liability Company
- The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
7B Nipmuc Trail, Providence, RI 02903
- The NEW address of the resident agent is: Blue Cross Blue Shield of Rhode Island
444 Westminster St., Providence RI 02903
- The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
Peter Fitzpatrick
- The name of the NEW resident agent is:
Matthew Brannigan
- The appointment of a new resident agent or the change of address of the resident agent, or both, as the case may be, shall become effective upon the filing of this statement.

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: 11-3-00

RECEIVED AND FILED

COMBINED SERVICES LLC
Print Name of Limited Liability Company

NOV 03 2000

Brian Thomas
Signature of Authorized Person

BY [Signature]
89540