

Filing Fee: \$20.00

ID Number: 113674



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

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 and the address of its resident agent in the state of Rhode Island as follows:

1. The name of the limited liability company is:
SRM INSURANCE BROKERAGE, LLC

2. The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
10 Weybosset Street, Providence, RI 02903

3. The NEW address of the resident agent is:
222 Jefferson Boulevard, Suite 200, Warwick, RI 02888

4. The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
C T Corporation System

5. The name of the NEW resident agent is:
Corporation Service Company

6. The appointment of a new resident agent and the change of address of the resident agent, 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: December 9, 2005

SRM INSURANCE BROKERAGE, LLC

Print Name of Limited Liability Company

Maureen Cullen

Signature of Authorized Person

Maureen Cullen

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REC'D
CORPORATIONS DIVISION
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