REGISTERED LIMITED LIABILITY COMPANY

No Filing Fee	ID Number:
	T OF CHANGE OF ADDRESS HE RESIDENT AGENT
Pursuant to the provisions of Section 7-16-11(c)(or the person signing on behalf of the resident agent's address within this state:	1) of the General Laws, 1956, as amended, the undersigned resident agent, agent, submits the following statement for the purpose of changing the
1. The name of the limited liability company is:	
Diver	se Funding Associates LLC
The address of the resident agent as PRESENT is: 222 Jefferson Blvd., Suite 200,	LY shown in the records on file with the Rhode Island Secretary of State Warwick, Rhode Island 02888
3. The NEW address of the resident agent is:	
10 Dorrance Street, Suite 530, F	rovidence, Rhode Island 02903
4. The change of address of the resident agent sha	ll become effective upon the filing of this statement, or on
(a date not prior to, nor m	nore than 30 days after, the filing of this Statement)
	Under penalty of perjury, I declare that the information contained herein is true and correct.
Date: 2/8/2013	Kathleen Fritz, Vice President
	Print Name of Resident Agent
FILED	Kathleen Fritz
FEB 1 2 2013	Signature
By	



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

