

REGISTERED NON-PROFIT CORPORATION

No Filing Fee

ID Number: 130144

**STATEMENT OF CHANGE OF REGISTERED OFFICE
BY THE REGISTERED AGENT**

Pursuant to the provisions of Sections 7-6-13(d) or 7-6-78(d) of the General Laws, 1956, as amended, the undersigned registered agent submits the following statement for the purpose of changing the agent's business address and the address of the registered office of the corporation named herein to another place within the state:

1. The name of the corporation is

Lenders Mutual Benefit Association

2. The address of the registered office as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:

10 Dorrance Street, Suite 530, Providence, RI 02903

3. The address of the NEW registered office is:

450 Veterans Memorial Parkway, Suite 7A, East Providence, RI 02914

4. A copy of this Statement has been mailed to the corporation.

Date: 6/14/13

Kathleen Fritz, Vice President

Print Name of Registered Agent

Kathleen Fritz

Signature of Registered Agent

FILED

JUN 17 2013

By _____