Filing Fee: \$20.00

ID Number: <u>508070</u>



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

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STATEMENT OF CHANGE OF RESIDENT AGENT

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| 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: JH PORTFOLIO DEBT EQUITIES, LLC | | | |
| 2. | The address of the resident agent as PRESENTL State is: 222 Jefferson Boulevard, Suite 200, Warwick RI 0288 | Y shown in the records on file with the Rhode Island Secretary of | | |
| 3. | 3. The NEW address of the resident agent is: 450 Veterans Memorial Parkway, Suite 7A, East Providence, RI 02914 | | | |
| 4. | 4. The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: Corporation Service Company | | | |
| 5. | The name of the NEW resident agent is: C T Corporation System | | | |
| 6. | The appointment of a new resident agent and the become effective upon the filing of this statement. | change of address of the resident agent, as the case may be, shall | | |
| | | Under penalty of perjury, I declare that the information contained herein is true and correct. | | |
| Dat | te: <u>08/04/2015</u> | JH PORTFOLIO DEBT EQUITIES, LLC | | |
| | FILED | Print Name of Limited Liability Company | | |
| | -₩3 0.5 20 15 | Signature of Authorized Person | | |
| | BY Co 254183 | | | |

Form No. 642 Revised: 12/05