Filing Fee: \$20.00

ID Number: <u>00048593</u>1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

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

ch	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: FrontLine Asset Strategies, LLC	
2.	 The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island State is: 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK RI 02888 	
3.	The NEW address of the resident agent is: 450 Veterans Memorial Parkway, Suite 7A East Providence, Rhode Island 02914	
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 change of address of the resident agent, as the case may be, shall become effective upon the filing of this statement.	
		der penalty of perjury, I declare that the information ntained herein is true and correct.
Da	Date: 07/14/2016 Fro	ntLine Asset Strategies, LLC
		Print Name of Limited Liability Company
		Thomas Anderson
	_	Signature of Authorized Person
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Form No. 642 Revised: 12/05