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State of Rhode Island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | **Email:** corporations@sos.ri.gov | **Website:** www.sos.ri.gov

Statement of Change of Resident Agent
Limited Liability Company
Filing Fee: $20.00

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

1. Entity ID Number	2. Exact Name of the Limited Liability Company
000135513	SPECIALIZED LOAN SERVICING LLC

3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:

Street Address		
450 VETERANS MEMORIAL PARKWAY, SUITE 7A		
City/Town: EAST PROVIDENCE	State: RHODE ISLAND	Zip: 02914

4. The address of the NEW resident office is:

Street Address (NOT a P.O. Box)		
222 Jefferson Blvd Ste 200		
City/Town: Warwick	State: RHODE ISLAND	Zip: 02888

5. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:

NATIONAL REGISTERED AGENTS, INC.

6. The name of the NEW resident agent is:

Capitol Corporate Services, Inc.

7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX

☑ Date received (Upon filing)

☐ Later effective date (Date must be no more than 30 days from the day of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.

Name of Authorized Person of the Limited Liability Company	Date
Toby E. Wells, CEO	8/25/2016

Signature of Authorized Person of the Limited Liability Company

SIGN DOCUMENT HERE

FILED
SEP 1 2016
By _____
10:45

Form No. 642
Revised: 2016