Filing Fee: \$20.00

ID Number: ______000146013



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

R.I. DEPOST STATE
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1016 SEP 29 PM 2: 1.7

STATEMENT OF CHANGE OF RESIDENT AGENT

Pu cha	rsuant to the provisions of Section 7-16-11 of tange of its resident agent and the address of its i	the General Laws, 1956, as amended, the undersigned authorizes a resident agent in the state of Rhode Island as follows:
1.	The name of the limited liability company is: Keane Financial, LLC	
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of 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 t become effective upon the filing of this statement	the change of address of the resident agent, as the case may be, shall ent.
		Under penalty of perjury, I declare that the information contained herein is true and correct.
Da	te: <u>09/28/2016</u>	Keane Financial, LLC Print Name of Limited Liability Company
	FILED	Kinberly Stringets. Signature of Authorized Person
	SEP 2.9 2016	

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