

201	
6 0C:	
T -7	
A	SS
<u>ö</u> :	E NO
2	rri

Statement of Change of Agent

DOMESTIC or FOREIGN 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:

following statement for the pur	rpose of changing its resident a	igent in the State of Rhode Isla	and:		
1. Entity ID Number	2. Exact Name of the Limited Liability Company				
140934	CardWorks Servicing, LLC				
3. The address of the resider	t office as PRESENTLY showr	in the records on file with the	RI Department of State:		
Street Address 222 JEFFERS	ON BOULEVARD, SUITE 200				
City/Town WARWICK		State RHODE ISLAND	Zip 02888		
4. The name of the resident a	igent as PRESENTLY shown in	the records on file with the R	Department of State:		
CORPORATION SERVICE (COMPANY				
5. The address of the NEW resident office is:					
Street Address (NOT a P.O. Box) 450 Veterans Memorial Highway, Suite 7A					
City/Town East Providence		State RHODE ISLAND	^{Zip} 02914		
6. The name of the NEW resi	dent agent is:				
C T Corporation System					
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX					
✓ Date received (Upon filir	ng)				
Later effective date (Date must be no more than 30 days from the day of filing)					
	clare and affirm that I have exa d that all statements contained	•	ge of Resident Agent by the		
Name of Authorized Person of the Limited Liability Company			Date		
Albert T. Jaronczyk			9/30/16		
Signature of Authorized Person	on of the Limited Liability Comp	any			
(u)	SIGN DOCL	JMENT HERE			
-		·	218 (2E) /n		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

OCT 07 2016

W Ch 285449 10