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 RI, DEPT. OF STATE
 BUS. SVCS. DIV.
 2016 NOV 16 PM 2:30

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:

1. Entity ID Number 001658277	2. Exact Name of the Limited Liability Company Nexgen Mortgage Solutions, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <i>36 Washington Square</i>			
City/Town <i>Newport</i>	State RHODE ISLAND	Zip <i>02840</i>	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Mark B. Bardorf			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) <i>450 Veterans Memorial Parkway Ste. 7A</i>			
City/Town <i>East Providence</i>	State RHODE ISLAND	Zip <i>02911</i>	
6. The name of the NEW resident agent is: C T Corporation System			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day of filing) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company Jamila Woods			Date 11/11/2016
Signature of Authorized Person of the Limited Liability Company <i>Jamila Woods</i>			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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BY *cu* 288704

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