RI SOS Filing Number: 201612196190 Date: 11/17/2016 2:30 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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R.I. DEPARTMENT OF STATE
BUSINESS SERVICES

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	2. Exact Name of the Limited Liability Company
001660357	Linear Settlement Services, LLC

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

Street Address			
84 Washington Square			
City/Town	State	Zip	
Newport	**RHODE ISLAND**	02840	

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

Bardorf & Bardorf, PC

5. The address of the **NEW** resident office is:

Street Address (NOT a P.O. Box)			
450 Veterans Memorial Parkway Ste 7A			
City/Town	State	Zip	
East Providence	**RHODE ISLAND**	02914	

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

☒ 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
Jamila Woods	11/11/2016

Signature of Authorized Person of the Limited Liability Company

Jamila Woods

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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