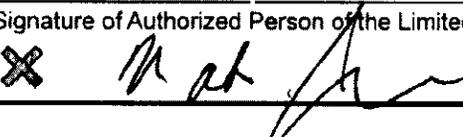




Statement of Change of Agent
 DOMESTIC or FOREIGN Limited Liability Company

→ 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 1038448		2. Exact Name of the Limited Liability Company CONFIDENCE, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 222 JEFFERSON BOULEVARD SUITE 200			
City/Town WARWICK	State RHODE ISLAND	Zip 02888	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: CORPORATION SERVICE COMPANY			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 115 WYNDHAM AVE			
City/Town PROVIDENCE	State RHODE ISLAND	Zip 02908	
6. The name of the NEW resident agent is: MARTHA M. JAMISON			
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 MARTHA M. JAMISON			Date 1/14/17
Signature of Authorized Person of the Limited Liability Company  SIGN DOCUMENT HERE			

2017 JAN 23 PM 12:01
 RECEIVED
 BUSINESS SERVICES DIVISION

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
 JAN 23 2017
 By **293837**
A.A. 12:04 p.m.