RI SOS Filing Number: 201740187910 Date: 4/7/2017 10:12:00 AM



Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

following statement for the p	RIGL 7-16-11 the undersigned limited liability company submits the prose of changing its resident agent in the State of Rhode Island:		
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
000799901	LoanWise LLC		
3. The address of the resid	ent office as PRESENTLY shows	n in the records on file with the	RI Department of State:
Street Address 222 JEFFER	SON BOULEVARD, SUITE 200		
City/Town WARWICK		State RHODE ISLAND	Zip 02888
4. The name of the residen	t agent as PRESENTLY shown in	n the records on file with the R	Department of State:
INCORP SERVICES, INC.			
5. The address of the NEW	resident office is:		
Street Address (<u>NOT</u> a P.O. B	^{0X)} 222 Jefferson Boulevard, S	uite 200	
City/Town Warwick		State RHODE ISLAND	^{Zip} 02888
6. The name of the NEW re	esident agent is:		
Corporation Service Com	pany		
7. Date when this Statemer	nt of Change of Resident Agent w	vill be effective: CHECK ONLY	ONE BOX
✓ Date received (Upon f	iling)	<u></u>	
Later effective date (D	ate must be no more than 30 day	s from the day of filing)	
	declare and affirm that I have exa and that all statements contained		ge of Resident Agent by the
Name of Authorized Person of the Limited Liability Company			Date
Carol Ann Patry			03/21/2017
Signature of Authorized Per	son of the Limited Liability Comp	pany	· · · · · · · · · · · · · · · · · · ·
Carol Amer	SIGN DOCI	JMENT HERE	

MAIL TO:

Division of Business Services

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

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