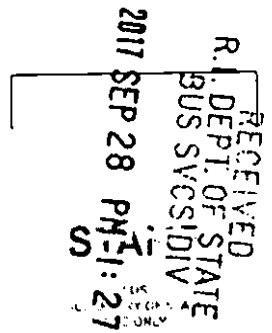




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

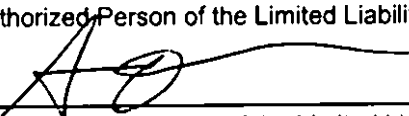


Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

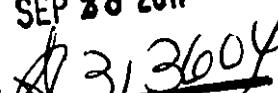
→ Filing Fee: \$20.00

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 000326128	2. Exact Name of the Limited Liability Company American Dream Savers, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 88 West Warwick Ave - Suite 5		
City/Town West Warwick	State RHODE ISLAND	Zip 02893
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Stephen S. Germani		
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 88 West Warwick Ave - Suite 5		
City/Town West Warwick	State RHODE ISLAND	Zip 02893
6. The name of the NEW resident agent is: Alan Otis		
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 Alan Otis		Date
Signature of Authorized Person of the Limited Liability Company  SIGN DOCUMENT HERE		

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 1:34
 SEP 28 2017
 BY  313604

STAMP

FOR
 IN COUNTER OF STA-
 USE ONLY