RI SOS Filing Number: 201859624070 Date: 3/2/2018 1:26:00 PM



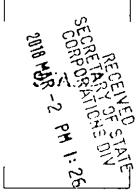
State of Rhode Island and Providence Plantations

## **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 2. Exact Name of the Limited Liability Company 1. Entity ID Number 1470569 OLIVIA FUNDING, LLC 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 321 SOUTH MINSTREET City/Town **RHODE ISLAND** 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: 5. The address of the NEW resident office is Street Address (NOT a P.O. Box) 4 PRIVET DRIVE City/Town State **RHODE ISLAND** 02885 6. The name of the **NEW** resident agent is 7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY Date received (Upon filing) Later effective date (Date must be no more than 30 days from the date 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 3/2/18 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

126.T.A.F

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