

Filing Fee: \$20.00

ID Number: LL100712



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

**STATEMENT OF CHANGE OF RESIDENT AGENT
OR ADDRESS OF RESIDENT AGENT, OR BOTH**

Pursuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a change of its resident agent or the address of its resident agent, or both, in the state of Rhode Island as follows:

1. The name of the limited liability company is:

SABAL MORTGAGE COMPANY, LLC

2. The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:

ELEVEN THURBER BOULEVARD, SMITHFIELD, RI 02917

3. The NEW address of the resident agent is:

64 HAMLET AVENUE, WOONSOCKET, RI 02895

4. The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:

CHARLES S. SOKOLOFF, ESQ.

5. The name of the NEW resident agent is:

ALBERT G. BRIEN

6. The appointment of a new resident agent or the change of address of the resident agent, or both, as the case may be, shall become effective upon the filing of this statement.

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: 4/18/01

FILED

APR 20 2001
By CC #163
262584

SABAL MORTGAGE COMPANY, LLC

Print Name of Limited Liability Company

Albert G. Brien
Signature of Authorized Person

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SECRETARY OF STATE
CORPORATIONS DIV.

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