RI SOS Filing Number: 201878619990 Date: 10/1/2018 3:27:00 PM

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

# Statement of Change of Agent ADDRESS

DOMESTIC or FOREIGN Limited Liability Company

~~→ Filing Fee: $20.00~~ NO fee

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 | 2. Exact Name of the Limited Liability Company |
|---|---|
| **156899** | **Future 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 | | |
|---|---|---|
| **155 Grace Ave** | | |
| City/Town **Woonsocket** | State **RHODE ISLAND** | Zip **02895** |

4. The name of the resident agent as **PRESENTLY** shown in the records on file with the RI Department of State:

**John Blanchet**

5. The address of the **NEW** resident office is:

| Street Address (NOT a P.O. Box) | | |
|---|---|---|
| **109 W Greenville Rd** | | |
| City/Town **Greenville** | State **RHODE ISLAND** | Zip **02828** |

6. The name of the **NEW** resident agent is:

**John Blanchet**

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 |
|---|---|
| **John Blanchet** | **09/28/2018** |

Signature of Authorized Person of the Limited Liability Company

SIGN DOCUMENT HERE

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 OCT -1 PM 3:27

**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**
OCT 01 2018
BY A.A. 3:27 PM.

FORM ~~642~~ - Revised. 11/2017

AA

State of Rhode Island and Providence Plantations
**Department of State | Office of the Secretary of State**
**Nellie M. Gorbea,** *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

October 01, 2018 03:27 PM

Nellie M. Gorbea
*Secretary of State*