



State of Rhode Island and Providence Plantations

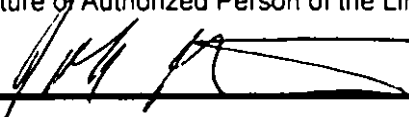
Department of State - Business Services Division

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 156899		2. Exact Name of the Limited Liability Company 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 (<u>NOT</u> 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 John Blanchet			Date 09/28/2018
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

OCT 01 2018

BY A.A. 3:27 PM

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