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

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

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

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