Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

7-/6
Pursuant to the provisions of RIGL 7-1.2 502 or 7-1.2 1409 the undersigned corporation submits the

ollowing statement for the purp	oose of changing its registered	agent in the State of Knode is	iano: L
1. Entity ID Number	2. Exact Name of the Corporation		
001681656	The Capital Group Fiduciary Advisors, LLC		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address A220 PONTIAC AVENUE, SUITE 304 One Park Row City/Town GRANSTON Possible State RHODE ISLAND			Ste., 300
City/Town GRANSTON Providence			<u> </u>
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:			
CARL I. FREEDMAN, CHACE RUTTENBERG & FREEDMAN, LLP ONE PARK ROW, ST. 300, PROVIDENCE RI 02903			
5. The address of the NEW registered office is:			
Street Address (NQT a P.O. Box) 301 PROMENADE STREET			
City/Town PROVIDENCE		State RHODE ISLAND	^{Zip} 02908
6. The name of the NEW registered agent is:			
KAREN G. DELPONTE, ESQUIRE			
7. Date when this Statement of Change of Registered 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 Registered Agent by the Corporation, and that all statements contained herein are true and correct.			
Name of Authorized Officer o			Date 2/10
ROBERT J. RADOCCIA			2/3/1/
Signature of Authorized Officer of the Corporation SIGN DOCUMENTALERS SIGN DOCUMENTA			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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FORM 640 - Revised: 04/2018