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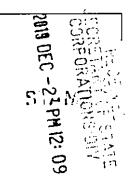
State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00



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 001694382 Sunlight Financial LLC 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State. 222 JEFFERSON BOULEVARD, SUITE 200 City/Town WARWICK State Zip **RHODE ISLAND** 02888 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: UNIVERSAL REGISTERED AGENTS, INC. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A Zip State City/Town 02914 East Providence RHODE ISLAND 6. The name of the **NEW** resident agent is: National Registered Agents, Inc. 7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX □ Date received (Upon filing) Later effective date (Date must be no more than 30 days from the day 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. Date Name of Authorized Person of the Limited Liability Company Natalie Pickens 11/27/2019 Signature of Authorized Person of the Limited Liability Company GAGARUMENZALEBE

MAIL TO:

Division of Business Services148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov DEC 02 2019 W. BY 136 W. BY 136 W. R