

STATE OF RHODE ISLAND
STATEMENT OF RESIGNATION
OF
REGISTERED AGENT AND REGISTERED OFFICE

Pursuant to the provisions of Section 7-16-11 of the Rhode Island Limited Liability Company Act, the undersigned resident agent, in order to resign as resident agent, hereby certifies:

1681616

Charter Number

1. The name of the limited liability company:

SALT MASTER FUND I, LLC

2. The name of the resigning agent: Capitol Corporate Services, Inc.

3. The address of the resigning registered office:

222 Jefferson Blvd Ste 200

Address

Warwick

City

RI

State

02888

Zip code

4. This resignation of registered agent and registered office shall become effective thirty (30) days after the date on which this Statement of Resignation is filed with the office of the Rhode Island Secretary of State.

IN WITNESS WHEREOF, the undersigned registered agent has caused this Statement of Resignation to be signed on its behalf by its officer this 19 day of June, 2020.

Capitol Corporate Services, Inc.

Registered Agent

Jason Fischer

Name



Assistant Secretary

Title

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2020 JUL 13 PM 3:31



State of Rhode Island and Providence Plantations
Department of State | Business Services Division
Nellie M. Gorbea, Secretary of State

July 14, 2020

Salt Master Fund I, LLC
1675 SOUTH STATE STREET, SUITE B
DOVER, DE 19901

RE: Entity ID# 1681616
Salt Master Fund I, LLC

Dear Sir or Madam:

This is to notify you that this office received on July 13, 2020 the resignation of Capitol Corporate Services Inc. as Resident Agent of the above-named limited liability company, a copy of which is enclosed. Section 7-16-11 of the General Laws of the State of Rhode Island states that "unless, a later time is specified in the resignation, it is effective thirty (30) days after it is filed."

Pursuant to the provisions set forth in Section 7-16-11 of the General Laws of the State of Rhode Island, "each domestic or foreign registered limited liability company shall have a resident agent for service of process on the limited liability company". To ensure that your authority to conduct business will remain intact, please file a Change of Resident Agent form with this office.

To file a Change of Resident Agent form online visit www.sos.ri.gov/divisions/business-services. Online filings require payment by credit card. If you have forgotten your CID and PIN, please e-mail us at corp_pin@sos.ri.gov

If you prefer to use cash or check, visit www.sos.ri.gov/divisions/business-services to download a form. You can mail the form to us with your payment or visit our office to file in person. We will provide a hardcopy of the Change of Agent form upon request.

Thank you for your cooperation.

Sincerely,

Catherine Caprio Albanese
Deputy Director of Business Services