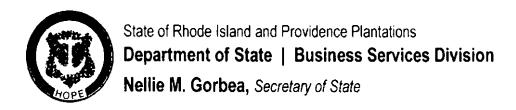
STATE OF RHODE ISLAND

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	i
l.	The name of the limited liability company:		Charter Number		
	: :	SALT M	ASTER FUND I, LLC	2828	SAB
2.	The name of the resi	gning agent: Cap	itol Corporate Servic		SVC
3.	The address of the resigning registered office: 222 Jefferson Blvd Ste 200			بر بر در	NIG VIG
	Address			-	•
	Warwick	RI	02888		
	City	State	Zip code	•	
4.	-	which this Staten	•	become effective thirty (filed with the office of the	
	signation to be s	•	ned registered agent he	as caused this Statement er this <u>¶</u> day	of of
	apitol Corporate Ser	vices, Inc.	Signature	ZZ.	
Ja	ison Fischer		Assistant S	ecretary	
Nai	me		Title		



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

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