

Filing Fee \$20.00

LLC I.D. # 73691

**State of Rhode Island and Providence Plantations**  
OFFICE OF THE SECRETARY OF STATE

**STATEMENT OF CHANGE OF NAME AND/OR ADDRESS OF  
RESIDENT AGENT  
OF**

Mortgage Acquisition Associates, LLC

To the Secretary of State  
of the State of Rhode Island

Pursuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a change of ☐ the name, ☒ the address, ☐ both the name and address of the resident agent in the State of Rhode Island:

**FIRST:** The name of the Limited Liability company is:  
Mortgage Acquisition Associates, LLC

**SECOND:** Organized under the laws of: Rhode Island

**THIRD:** The name and address of its present resident agent is: David J. Tracy  
c/o McGovern Noel & Benik, Incorporated  
1800 Hospital Trust Tower  
Providence, RI 02903

**FOURTH:** The name and address of its prior resident agent is: David J. Tracy  
c/o McGovern Noel & Benik, Incorporated  
321 South Main Street  
Providence, RI 02903

Dated May 5, 19 97

**FILED**

MAY 06 1997

By 184854

Mortgage Acquisition Associates, LLC

(Applicant)

\* By David J. Tracy

Its Resident Agent

\* To be signed in the manner required by the home state.