RI SOS Filing Number: 202446007230 Date: 2/8/2024 1:33:00 PM



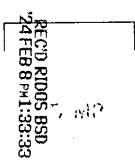
State of Rhode Island

Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00



	RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> th pose of changing its registered		
1. Entity ID Number	2. Exact Name of the Corporation		
001682788	Better Mortgage Corporation		
3. The address of the register	red office as PRESENTLY show	vn in the records on file with th	ne RI Department of State:
Street Address 450 VETERAN	S MEMORIAL PARKWAY, SUI	TE 7A	
City/Town EAST PROVIDENCE		State RHODE ISLAND	Zip 02914
4. The name of the registered	d agent as PRESENTLY shown	in the records on file with the	RI Department of State:
BUSINESS FILINGS INCORP	ORATED		
5. The address of the NEW r	egistered office is:		
Street Address (NOT a P.O. Box	450 Veterans Memorial Parkwa	y, Suite 7A	
City/Town East Providence		State RHODE ISLAND	Zip 02914
6. The name of the NEW reg	istered agent is:		
C T Corporation System			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY			
X Date received (Upon fili	ng)		
Later effective date (Da	te must be no more than 30 day	ys from the date of filing)	
Under penalty of perjury, I de Corporation, and that all stat	eclare and affirm that I have exa ements contained herein are tro	nmined this Statement of Char ue and correct.	nge of Registered Agent by the
Name of Authorized Officer of the Corporation			Date
Kara Korosec, Secretary			02/07/2024
Signature of Authorized Office	er of the Corporation		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 1:33

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BY ML 16647