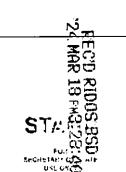
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State of Rhode Island

Department of State - Business Services Division



Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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 office ONLY in the State of Rhode Island:	

1. Entity ID Number	2. Exact Name of the Limited Liability Company			
001755243	First Trust Market LLC			
3. The address of the residen	t office as PRESENTLY shown	in the records on file with the	RI Department of State:	
Street Address 9 ALUMNI AVENUE APT 4				
City/Town PROVIDENCE		State RHODE ISLAND	^{Zip} 02906	
4. The address of the NEW resident office is:				
Street Address (NOI a P.O. Box) 101 Cedar St apt 205 City/Town Proviolence State RHODE ISLAND 2ip 02908				
City/Town Proviolence		RHODE ISLAND	2ip 02903	
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY				
✓ Date received (Upon filing)				
Later effective date (Date must be no more than 90 days from the date of filing)				
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Office by the Limited Liability Company, and that all statements contained herein are true and correct.				
Name of Authorized Person of the Limited Liability Company		Date		
Ciwhon - H.	Za unich		03/18/2024	
Signature of Authorized Person of the Limited Liability Company				

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 3:28

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BY 1 8 2024

FILED

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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

March 18, 2024 03:28 PM

Gregg M. Amore Secretary of State

Treg M. Coure

