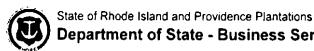
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Department of State - Business Services Division

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 1. Entity ID Number 2. Exact Name of the Limited Liability Company I'NIQUE DIVERSIT 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State Street Address Houston St. City/Town State **RHODE ISLAND** 4. The address of the NEW resident office is: Street Address (NOT a P.O. Box) City/Town State RHODE ISLAND 0290 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 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

RI SOS Filing Number: 201991714910 Date: 5/3/2019 1:02:00 PM



I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, 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:

May 03, 2019 01:02 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

