



State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

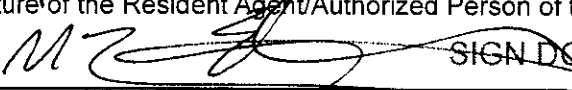
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RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2016 JUN -1 AM 9:46

Statement of Change of Resident Office
 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 in the State of Rhode Island:

1. Entity ID Number		2. Exact Name of the Limited Liability Company	
151782		ZIPPY Auto Repair LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 3492 Mendon Road			
City/Town Cumberland		State RHODE ISLAND	Zip 02864
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 76 Oakdale Avenue			
City/Town Pawtucket		State RHODE ISLAND	Zip 02860
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONLY ONE BOX			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day of filing) _____			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Office, and that all statements contained herein are true and correct.</i>			
Name of the Resident Agent/Authorized Person of the Limited Liability Company			Date
Mohamed Shaker			6/1/2016
Signature of the Resident Agent/Authorized Person of the Limited Liability Company			
 SIGN DOCUMENT HERE			

FILED
 JUN 01 2016

B. A.A. 9:52 A.M.