



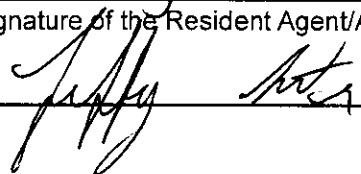
State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2016 JUN -2 PM 12:28

**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	
001660387		JCS Remodeling LLC.	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address 131 Camp St.			
City/Town Providence RI		State RHODE ISLAND	Zip 02906
4. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) 11 S. Angell St. Suite 382			
City/Town Providence		State RHODE ISLAND	Zip 02906
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) _____			
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.			
Name of the Resident Agent/Authorized Person of the Limited Liability Company Jeffery Smith			Date 6/2/16
Signature of the Resident Agent/Authorized Person of the Limited Liability Company 			SIGN DOCUMENT HERE

12:28

**FILED**

JUN 02 2016

BY

