

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

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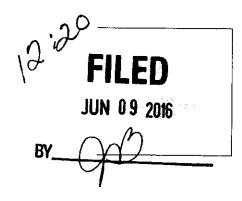
SECRETARY OF STATE CORPORATIONS DIV

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		
20-8717719 Mazuin's Cleaning Service, LLE		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address		
# 17 Kinfield St		
City/Town Providence	State RHODE ISLAND	2ip 02909
4. The address of the NEW resident office is:		
Street Address (NOT a P.O. Box) 294 Brown S		
E. Providence	State RHODE ISLAND	Zip 02914.
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONLY ONE BOX		
Date received (Upon filing)		
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		Date
Marvin Quiroq		06-09-18
Signature of the Resident Agent/Authorized Person of the Limited Liability Company		
SIGN DOCHMENT HERE		



Form No. 642A Revised: 2016