



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

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SECRETARY OF STATE
CORPORATIONS DIV

2016 JUN 13 AM 7:54

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	
562725		College Rentals of New England LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 101 Linwood Ave			
City/Town Pawtucket		State RHODE ISLAND	Zip 02860
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 226 Chapel St 1st Fl			
City/Town Lincoln		State RHODE ISLAND	Zip 02865
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 Jairo Opellana			Date 6/13/16
Signature of the Resident Agent/Authorized Person of the Limited Liability Company 			SIGN DOCUMENT HERE

FILED

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

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:

Nellie M. Gorbea
Secretary of State

