



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

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SECRETARY OF STATE
CORPORATIONS DIV

2016 JUN 20 PM 3:10

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	
507881		Five Star Direct, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 1130 Ten Rod Road Ste D-100			
City/Town North Kingstown		State RHODE ISLAND	Zip 02852
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 10 Sylvan Ct			
City/Town Sunderstown		State RHODE ISLAND	Zip 02874
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 David Serrecchia			Date June 20, 2016
Signature of the Resident Agent/Authorized Person of the Limited Liability Company <i>David Serrecchia</i>			SIGN DOCUMENT HERE

FILED <

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