



2016 SEP -9 PK 1: 06

Statement of Change of Office
DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

following statement for the pur		office in the State of Rhode Isla	
Entity ID Number	2. Exact Name of the Limited		
001445103	Fuller Art	+ Frame G	allery LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 34 Nanagansett aue Suite 1			
City/Town) amestoun		State RHODE ISLAND	^{Zip} ÛZ&35
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) HZ Narragansett ave.			
City/Town Jame Stown		RHODE ISLAND	Zip 02835
5. Date when this Statement of Change of Resident Agent 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 Agent by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person, of the Limited Liability Company Date 9/9/16			
Signature of Authorized Person of the Limited Liability Company STENDORUMENT HERE			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

SEP 0 9 2016

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

Tullin U. Horler

