




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

Statement of Change of Office

DOMESTIC or FOREIGN 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 001659108		2. Exact Name of the Limited Liability Company DelRay Properties, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 1574 Elmwood Avenue			
City/Town Cranston	State RHODE ISLAND	Zip 02910	
4. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) 786 Oaklawn Avenue			
City/Town Cranston	State RHODE ISLAND	Zip 02920	
5. Date when this Statement of Change of Resident Agent 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) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company Carlene DelNero		Date 10-13-16	
Signature of Authorized Person of the Limited Liability Company 			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

By 

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FILED
OCT 17 2016