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 R.I. DEPARTMENT OF STATE
 BUSINESS DIV.
 2016 OCT 21 PM 12:33

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 001659567	2. Exact Name of the Limited Liability Company Zeebies LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:	
Street Address 153 RIDGE 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) 2064 Mineral Spring Ave App	
City/Town North Providence	State RHODE ISLAND Zip 02911
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 Jordan Danice	Date 10/21/16
Signature of Authorized Person of the Limited Liability Company SIGN DOCUMENT 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
 OCT 21 2016
 BY **A.H. 12:33pm**