



Statement of Change of Office DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

2016 OCT 24 PM 3: 46

| 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: | | |
| Entity ID Number 2. Exact Name of the Limited Liability Company | | |
| 1099553 LSJ Proporties LLC | | |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: | | |
| Street Address 10 Lillian Ave P.O. Box 15384 | | |
| City/Town Providence | State RHODE ISLAND | Zip 09905 |
| 4. The address of the NEW resident office is: | | |
| Street Address (NOT a PO. Box) 13 Comstock ##12 | | |
| City/Town Providence | RHODE ISLAND | Zip 09907 |
| 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 |
| LELAN ST JOHN | | 10-24-16 |
| Signature of Authorized Person of the Limited Liability Company | | |
| dan John 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 OCT 2 4 2016
3:46

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

