



Statement of Change of Office DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

2016 OCT 28 PM 12: 23

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						
941673	Extra 1	Mile	Home	Improver	ient,	LL	0
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:							
Street Address	Street	Su ita	2 412		·		
City/Town Providence		'	State RHO	DE ISLAND	Zip 💍	29	09
4. The address of the NEW resident office is:							
Street Address (NOT a P.O. Box)		, S	Te 55	05			
Smithfield	`	,	State RHOE	E ISLAND	Zip ()	29	17
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							
Deshanna	Bamin				10	78	2016
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

OCT 28 2016

FORM 642A - Revised: 06/2016

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

