



2016 NOV | 4 AM 10: 4 1

## Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of F			
following statement for the pur			and:
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720/65 Mollys		s Pet Gr	cooming
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 105 Benefit			
City/Town PAWTUCKET		State RHODE ISLAND	Zip 02861
4. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) 101 Power Rd			
City/Town PAWTUCKET		RHODE ISLAND	Zip 02860
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	
PAMELA J. DEBLOIS		11-14-16	
Signature of Authorized Person of the Limited Liability Company			
Hamle I lesson 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

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BY Cm 288300 10:41 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

