



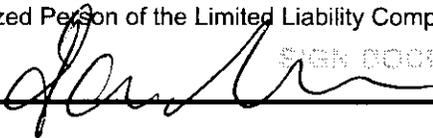
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 R.I. DEPARTMENT OF STATE
 BUS. SVCS. DIV.
 2016 NOV 23 AM 11:07

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 534945	2. Exact Name of the Limited Liability Company DRM, LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 1073 DOUGLAS AVENUE	
City/Town NORTH PROVIDENCE	State RHODE ISLAND Zip 02904
4. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 411 DOUGLAS PIKE	
City/Town SMITHFIELD	State RHODE ISLAND Zip 02917
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 DANIEL MONIZ - MEMBER	Date 11-21-16
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

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 FILED
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 BY 