



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

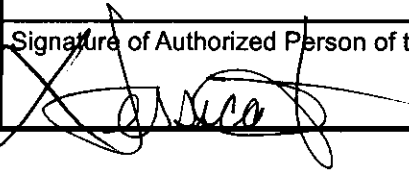
RECEIVED
RI DEPT OF STATE
BUS SVCS DIV
2016 NOV 25 AM 11:37

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 126871		2. Exact Name of the Limited Liability Company PUPPY LA PEU LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 91 POWER RD			
City/Town PAWTUCKET		State RHODE ISLAND	Zip 02860
4. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) 160 SMITHFIELD AVE UNIT B			
City/Town PAWTUCKET		State 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) _____			
<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 JESSICA ALDANA			Date 11/21/16
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

NOV 25 2016

BY CU 289364