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

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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	2. Exact Name of the Limited Liability Company
126871	**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 (NOT a P.O. Box)		
160 SMITHFIELD AVE UNTI 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) _____

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
JESSICA ALDANA	**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

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BY 289364

FORM 642A - Revised: 06/2016