

## **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 I	imited liability company submit	ts the DIV
ollowing statement for the purpose of changing its resident office in the State of Rhode Island:		
Entity ID Number 2. Exact Name of the Limited	2. Exact Name of the Limited Liability Company	
000133008 Adaco, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 324 Waterman Ave		
City/Town East Providence	State RHODE ISLAND	Zip 02914
4. The address of the <b>NEW</b> resident office is:		
Street Address (NOT a P.O. Box) 208 Taunton Ave.		
City/Town East Providence	RHODE ISLAND	Zip 02914
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) <u>December 21, 2016</u>		
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
Andreas Andrikopoulos		11-26-16
Signature of Authorized Person of the Limited Liability Company		
Combined 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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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

