

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL <u>7-16-11</u> the undersigned limited liability company submits the following statement for the purpose of changing its resident office in the State of Rhode Island:

2016 DEC -	8.1. GET (
்ப	- A-2 - 1 - 1
MH: 19	STATE STATE

Entity ID Number	2. Exact Name of the Limited Liability Company			
000147087	Law Offices of William M. Kolb , درد			
3. The address of the residen	t office as PRESENTLY shown	in the records on file with the	RI Department of State:	
Street Address One Richmone	d Square, Suite 148E			
City/Town Providence		State RHODE ISLAND	Zip 02906	
4. The address of the NEW re			<u></u>	
Street Address (NOT a P.O. Box) One Richmond Square, Suite 226W				
City/Town Providence		State RHODE ISLAND	^{Zip} 02906	
5. Date when this Statement of	of Change of Resident Agent w	ill be effective: CHECK ONLY	ONE BOX	
Date received (Upon filing	g)			
Later effective date (Date must be no more than 30 days from the day of filing)				
	clare and affirm that I have exa d that all statements contained		ge of Resident Agent by the	
Name of Authorized Person of the Limited Liability Company		Date		
William M. Kolb		12/1/2016		
Signature of Authorized Perso	on of the Limited Liability Comp	AMENT 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

DEC 0 5 2016

BY A.A. 11:19 A.M.

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

