



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

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2017 JAN -3 PM 4:01

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 001335291		2. Exact Name of the Limited Liability Company SOBO EXPRESS LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 295 HUXLEY AVE FL 2			
City/Town PROVIDENCE	State RHODE ISLAND	Zip 02908	
4. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) 17 VALE STREET			
City/Town PROVIDENCE	State RHODE ISLAND	Zip 02908	
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) _____			
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 ALABA SOBOWALE		Date 12/30/16.	
Signature of Authorized Person of the Limited Liability Company A. A. SOBOWALE SIGN DOCUMENT HERE			

FILED 4:21

JAN 03 2017

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MAIL TO:

Division of Business Services

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