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 RHODE ISLAND STATE
 BUSINESS DIV.
 2017 FEB - 3 AM 11:14

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 ofice in the State of Rhode Island:

1. Entity ID Number 145586	2. Exact Name of the Limited Liability Company Cherish the Moments, LLC		
3. The address of the resident ofice as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 2 Arthur Ave			
City/Town BRISTOL	State RHODE ISLAND	Zip 02809	
4. The address of the NEW resident ofice is:			
Street Address (NOT a P.O. Box) 366 Metacom Ave			
City/Town Warren	State RHODE ISLAND	Zip 02885-2711	
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 Shabraiz AKHTAR			Date 2/1/17
Signature of Authorized Person of the Limited Liability Company 			

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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