



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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BUS. SVCS. DIV.
2017 FEB 13 AM 11:18

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 000488087		2. Exact Name of the Limited Liability Company J.L. Moving LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 121 Alwerson Ave			
City/Town Providence		State RHODE ISLAND	Zip 02909
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 217 Benefit St			
City/Town Pawtucket		State RHODE ISLAND	Zip 02861
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 Larry Oliver			Date 2-13-17
Signature of Authorized Person of the Limited Liability Company Larry Oliver SIGN DOCUMENT HERE			

FILED 11:21

FEB 13 2017

By **295536**

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

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