RI SOS Filing Number: 201734847480 Date: 2/27/2017 9:53:00 AM



Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

R.I. DEPT. OF STATE
BUS SVCS DIV
2017 FEB 27 AM 9: 51

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 2. Exact Name of the Limited Liability Company 10841 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address City/Town RHODE ISLAND ranstr 4. The address of the NEW resident office is: Street Address (NOT a P.O. Box) City/Town State 02909 RHODE ISLAND rovidence 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 Date Signature of Authorized Person of the Limited Liability Company EUMENT 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

9:53 Am

FEB 27 2013

BY_____

RI SOS Filing Number: 201734847480 Date: 2/27/2017 9:53:00 AM



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:

February 27, 2017 09:53 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

