

## **Statement of Change of Registered Office** DOMESTIC or FOREIGN Business Corporation (10

→ No Filing Fee

	7-(6-((		
Pursuant to the provisions of I following statement for the pur	RIGL <u>7-1.2-502 or 7-1.2-1409</u> 1 rpose of changing its registere	the undersigned corporation su	Ibmits the
1. Entity ID Number	2. Exact Name of the Gorporation		
136030	Ivory Halo Realty, LLC		
3. The address of the registe	ered office as PRESENTLY sho	own in the records on file with t	he RI Department of State:
Street Address 1 Ship Street	1		·
City/Town Providence		State RHODE ISLAND	Zip 02903
4. The address of the NEW re			
Street Address (NOT a P.O. Box	) 116 Orange Street		
City/Town Providence		State RHODE ISLAND	Zip <b>02903</b>
5. Date when this Statement	of Change of Registered Agen	t will be effective: CHECK ONI	Y ONE BOX
✓ Date received (Upon filing)	ng)		
Later effective date (Dat	e must be no more than 90 da	ys from the day of filing)	
6. A copy of this Statement ha	as been mailed to the corporati	ion (applicable when agent rec	ords statement).
	clare and affirm that I have exa		ge of Registered Office, and that
Name of the Registered Ager	nt/Officer of the <del>Corporation</del>	110	Date
Stephen M. Litwin, Esquire			3/30/17
Signature of the Registered A	gent/Officer of the Corporation	1	
Strake	w M Litera		

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** 

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