



RECEIVED  
 R.I. DEPT. OF STATE  
 BUS. SVCS. DIV.  
 2017 APR 26 AM 11:26

**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 <b>1100124</b>	2. Exact Name of the Limited Liability Company <b>Rodriguez Marketing, LLC</b>		
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address			
City/Town <b>16 BARRY RD, PROV</b>	State <b>RHODE ISLAND</b>	Zip <b>02909</b>	
4. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box)			
City/Town <b>86 DA BOLL ST, PROV</b>	State <b>RHODE ISLAND</b>	Zip <b>02907</b>	
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) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company <b>Wilson Rodriguez</b>			Date
Signature of Authorized Person of the Limited Liability Company <b>SIGN DOCUMENT HERE</b>			

**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**

**APR 26 2017**

BY Wilson Rodriguez  
 11/26