RI SOS Filing Number: 201743104220 Date: 5/11/2017 12:34:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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:		
Entity ID Number 2. Exact Name of the Limited Liability Company		
594326 AFAVRE GROUP, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 415 AT WELLS Avenue		
City/Town de nce	State RHODE ISLAND	ma909
4. The address of the NEW resident office is:		
Street Address (NOT a P.O. Box) 265 Wickenden St		
providence	RHODE ISLAND	02903
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 1
5/11/2017		
Signature of Authorized Person of the Limited Liability Company		
Andrew Cottsian DOCUMENT 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

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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:

May 11, 2017 12:34 PM

Nellie M. Gorbea Secretary of State

Tullin U. Korler

