



2017 MAY 19 PM 4:19
 R.I. DEPARTMENT OF STATE
 BUSINESS SERVICES DIV.

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 965305		2. Exact Name of the Limited Liability Company The Mullings 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 10 DORRANCE Street Suite 700			
City/Town Providence		State RHODE ISLAND	Zip 02903
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 165 Jastram Street			
City/Town Providence		State RHODE ISLAND	Zip 02908
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 Keno R. Mullings			Date 5/19/2017
Signature of Authorized Person of the Limited Liability Company <i>K Mullings</i> SIGN 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

FILED
MAY 19 2017
 BY **A.A. 9:18pm**