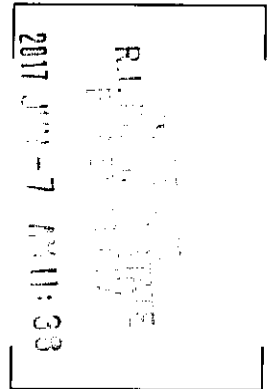




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

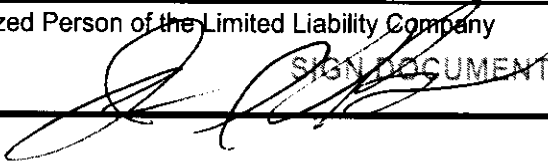


# Statement of Change of Office

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:

|   |                              |  |  |
|---|------------------------------|--|--|
| 1. Entity ID Number<br><b>000331077</b>   |                              | 2. Exact Name of the Limited Liability Company<br><b>DREAM HOMES 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 <b>145 Phenix Avenue</b>   |                              |  |  |
| City/Town<br><b>Cranston</b>  | State<br><b>RHODE ISLAND</b> | Zip<br><b>02920</b>  |  |
| 4. The address of the <b>NEW</b> resident office is:  |                              |  |  |
| Street Address ( <u>NOT</u> a P.O. Box) <b>481 Atwood Avenue</b>  |                              |  |  |
| City/Town<br><b>Cranston</b>  | State<br><b>RHODE ISLAND</b> | Zip<br><b>02920</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)<br><input type="checkbox"/> 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<br><b>John S. DiBona</b>   |                              | Date<br><b>5/11/17</b>   |  |
| Signature of Authorized Person of the Limited Liability Company<br><br>SIGN DOCUMENT HERE                                    |                              |  |  |

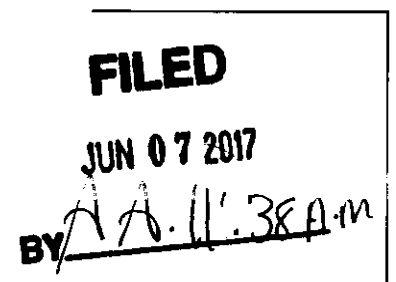
## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)





State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

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:

June 07, 2017 11:38 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

