



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

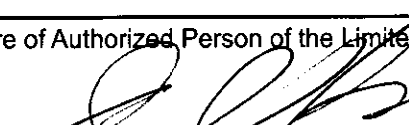
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R.I. DEPT. OF STATE
BUSINESS SERVICES DIVISION**Statement of Change of Office**

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 000123523 | | 2. Exact Name of the Limited Liability Company ALTERNATE REALTY SAILS, LLC | |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address 145 Phenix Avenue | | | |
| City/Town Cranston | State RHODE ISLAND | Zip 02920 | |
| 4. The address of the NEW resident office is: | | | |
| Street Address (<u>NOT</u> a P.O. Box) 481 Atwood Avenue | | | |
| City/Town Cranston | State RHODE ISLAND | Zip 02920 | |
| 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 John S. DiBona | | | Date 5/11/17 |
| Signature of Authorized Person of the Limited Liability Company  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
JUN 07 2017
 BY **A. A. 11:39 AM**



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 11:39 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

