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 BUS SVCS DIV

2017 JUN 29 AM 8:40

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 <i>919408</i>		2. Exact Name of the Limited Liability Company <i>Gramma's Gelato Cafe LLC</i>	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <i>1 Tupperware Dr</i>			
City/Town <i>N Smithfield</i>	State RHODE ISLAND	Zip <i>02896</i>	
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) <i>54 Welden St</i>			
City/Town <i>Pawtucket</i>	State RHODE ISLAND	Zip <i>02861</i>	
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 <i>Mark J. Miszys</i>		Date <i>6/29/17</i>	
Signature of Authorized Person of the Limited Liability Company <i>Mark J. Miszys</i>			

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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BY *[Signature]* 307/93