



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

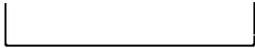


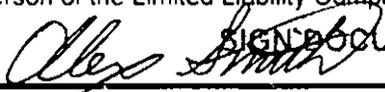
**Statement of Change of Office**  
 DOMESTIC or FOREIGN Limited Liability Company

**STAMP**

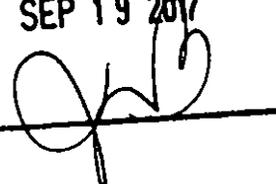
→ No Filing Fee

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 <b>1661020</b>		2. Exact Name of the Limited Liability Company <b>Gold Star Retirement &amp; Insurance 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>110 Main St, Suite 307</b>			
City/Town <b>East Greenwich</b>	State <b>RHODE ISLAND</b>	Zip <b>02818</b>	
4. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) <b>110 Main St, Suite 302</b>			
City/Town <b>East Greenwich</b>	State <b>RHODE ISLAND</b>	Zip <b>02818</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)			
<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 <b>Alex Smith</b>		Date <b>9-12-17</b>	
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

9:40  
**FILED**  
 SEP 19 2017  
 BY 

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2017 SEP 19 AM 9:40



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:

September 19, 2017 09:40 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

