



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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 R.I. DEPT. OF STATE
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Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

2017 SEP 29 AM 8:47

→ 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. Entry ID Number 10736A | | 2. Exact Name of the Limited Liability Company PARALLEL PROPERTIES, LLC | |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address 120 SPENCER AVE | | | |
| City/Town WARWICK | State RHODE ISLAND | Zip 02818 | |
| 4. The address of the NEW resident office is: | | | |
| Street Address (NOT a P.O. Box) 450 PAVILION AVE | | | |
| City/Town WARWICK | State RHODE ISLAND | Zip 02888 | |
| 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) _____ | | | |
| 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 ARMAND T. LUSI | | | Date 9/29/17 |
| Signature of Authorized Person of the Limited Liability Company <i>Armand T. Lusi</i> SIGN DOCUMENT HERE | | | |

FILED

SEP 29 2017

BY

A.A. 8:47A.M.

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: 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:

September 29, 2001 08:47 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

