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

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R.I. DEPT. OF STATE
BUS SVCS DIV

2017 SEP 29 AM 8:47

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	2. Exact Name of the Limited Liability Company
107264	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

☑ Date received (Upon filing)

☐ 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	Date
ARMAND T. LUSI	9/29/17

Signature of Authorized Person of the Limited Liability Company

Armand T. Lusi SIGN DOCUMENT HERE

FILED

SEP 29 2017

BY A.A. 8:47 A.M.

MAIL TO:
Division of Business Services
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