



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2017 OCT -3 PM 3:41

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 1676359		2. Exact Name of the Limited Liability Company INTERNATIONAL DRIVER SCHOOL LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 35 McEllan St Provi			
City/Town Provi		State RHODE ISLAND	Zip 02909
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 101 Academy Ave			
City/Town Provi		State RHODE ISLAND	Zip 02908
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 INTERNATIONAL DRIVER SCHOOL			Date 10/03/17
Signature of Authorized Person of the Limited Liability Company Marcelo Chay			

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
OCT 03 2017
BY

3:41