



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

**Statement of Change of Office**

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2017 OCT -6 AM 10:14

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>1663507</b>		2. Exact Name of the Limited Liability Company <b>JTE Construction 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>138 Warren Avenue</b>			
City/Town <b>East Providence</b>		State <b>RHODE ISLAND</b>	Zip <b>02914</b>
4. The address of the <b>NEW</b> resident office is:			
Street Address ( <b>NOT</b> a P.O. Box) <b>2447 Pawtucket Avenue</b>			
City/Town <b>East Providence</b>		State <b>RHODE ISLAND</b>	Zip <b>02914</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>Jose Rosa</b>			Date
Signature of Authorized Person of the Limited Liability Company <i>Jose Rosa</i> <b>SIGN DOCUMENT HERE</b>			

**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** 10:14  
OCT 06 2017  
BY *314235*

STAMP



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:

October 06, 2017 10:14 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*

