

## **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:				<u>- m</u>	
Entity ID Number	2. Exact Name of the Limited Liability Company				
1665936	JLS Concrete, LLC				
3. The address of the residen	t office as PRESENTLY shown	in the records on file with the	RI Department o	f State:	
Street Address 1340 Main Roa	ad				
City/Town Tiverton		State RHODE ISLAND	<sup>Zip</sup> 02878		
4. The address of the NEW re					
Street Address (NOT a P.O. Box	3913 Main Road, Unit E				
City/Town Tiverton		State RHODE ISLAND	<sup>Zıp</sup> 02878		
5. Date when this Statement	of Change of Resident Agent w	ill be effective: CHECK ONLY	ONE BOX		
Date received (Upon filing	ng)				
Later effective date (Dat	e must be no more than 30 day	ys from the day of filing)			
	clare and affirm that I have exa id that all statements contained		ge of Resident A	gent by the	
Name of Authorized Person of the Limited Liability Company			Date		
Joshua R. Holland			[0/4/1]	) 	
Signature of Authorized Person	on of the Limited Liability Comp	oany UMENT HERE			
	v · -				

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 STAMP OCT 06 2017 1,00,11