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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

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:

following statement for the	purpose of changing its resident of	office in the State of Rhode Isla	and:	
1. Entity ID Number	Exact Name of the Limited Liability Company			
152351	27 Long Pasture, LLC	27 Long Pasture, LLC		
3. The address of the res	ident office as PRESENTLY show	n in the records on file with the	RI Department of State:	
Street Address 1340 Main	Road			
City/Town Tiverton		State RHODE ISLAND	Zip 02878	
4. The address of the NE			·	
Street Address (NOT a PO.	Box) 3913 Main Road, Unit E			
City/Town Tiverton		State RHODE ISLAND	^{Zip} 02878	
5. Date when this Statem	ent of Change of Resident Agent v	vill be effective: CHECK ONLY	ONE BOX	
Date received (Upor	n filing)			
Later effective date (Date must be no more than 30 days from the day of filing)				
	I declare and affirm that I have exc y, and that all statements contained		ge of Resident Agent by the	
Name of Authorized Person of the Limited Liability Company			Date / /	
John P. Herrlin, Jr.			X 10/10/17	
Signature of Authorized F	Person of the Limited Liability Com	pany		
& John Pt	Jenty SIGN DOC	UMENT HERE		
.	<i>3</i>			

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
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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 12, 2017 10:27 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

