



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

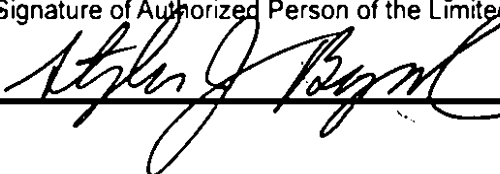
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R.I. DEPT. OF STATE
BUS SVCS DIV
2017 OCT 13 PM 12:10

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 1337886		2. Exact Name of the Limited Liability Company ST Beauregard + Son LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 1417 Douglas Avenue			
City/Town North Providence		State RHODE ISLAND	Zip 02904
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 2227 Mineral Spring Ave.			
City/Town North Providence		State RHODE ISLAND	Zip 02911
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 Stephen J. Beauregard			Date 10/13/2017
Signature of Authorized Person of the Limited Liability Company 			SIGN DOCUMENT HERE

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 13 2017

BY **A.A. 12:04pm**