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REDELIZED

R.I. DEPY, OF STATE

BUS SYCS DIV

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

2017 OCT 16 PM 1:54

Pursuant to the provisions of R			
following statement for the purpose of changing its resident office in the State of Rhode Island:			
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
787783	BLANCO R	FNTALS L	LC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 211- Mountain Laurel Dr. 163- Linwood Ave. City/Town City/Town Providence: State RHODE ISLAND Zip 200 03907			
City/Town P	Providence	State RHODE ISLAND	Zip 03930 03907
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 211- Mountain Lawel Dr.			
Cranston			^{Zip} 02920
5. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX			
Date received (Upon filing)			
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			Date
Rafael M. Blanco Signature of Authorized Person of the Limited Liability Company			10/16/17
Signature of Authorized Person of the Limited Liability Company			
Refael M. Blaveo			

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 16, 2017 01:54 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

