



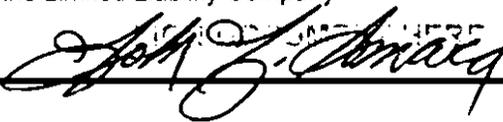
RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 OCT 25 AM 10:33

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 133 7122	2. Exact Name of the Limited Liability Company CONSULTING SOLUTIONS LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:	
Street Address 249 Hope Street	
City/Town BRISTOL	State RHODE ISLAND
Zip 02809	
4. The address of the NEW resident office is:	
Street Address (NOT a P.O. Box) 120 FERRY ROAD	
City/Town BRISTOL	State RHODE ISLAND
Zip 02809	
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 JOHN J. AMARA	Date 10-6-17
Signature of Authorized Person of the Limited Liability Company 	

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 25 2017

BY **A.A. 10:33 AM**