



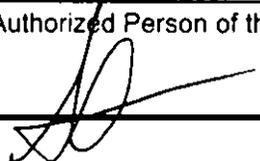
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 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2017 OCT 31 PM 12:15

**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 <b>937903</b>		2. Exact Name of the Limited Liability Company <b>BRAVO CHARLIE DELTA, LLC</b>	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address <b>225 NEWMAN AVE</b>			
City/Town <b>EAST PROVIDENCE</b>	State <b>RHODE ISLAND</b>	Zip <b>02916</b>	
4. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) <b>264 ROGER WILLIAMS AVE</b>			
City/Town <b>EAST PROVIDENCE</b>	State <b>RHODE ISLAND</b>	Zip <b>02916</b>	
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 <b>CHIA BLAIS</b>			Date <b>10/31/2017</b>
Signature of Authorized Person of the Limited Liability Company  <b>SIGN DOCUMENT HERE</b>			

12:15

**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 31 2017  
 BY 9316329