RI SOS Filing Number: 201752580220 Date: 10/31/2017 12:15:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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 F following statement for the pur	RIGL <u>7-16-11</u> the undersigned I pose of changing its resident o		.
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
571494	ADVANCED PROPERTY 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 225 NEWMAN AVE			
City/Town EAST PROVIDENCE		State RHODE ISLAND	Zip 02916
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 264 ROGER WILLIAMS AVE			
City/Town EAST PROVIDENCE		State RHODE ISLAND	Zip 02916
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)			
	clare and affirm that I have exa d that all statements contained		ge of Resident Agent by the
Name of Authorized Person of the Limited Liability Company			Date
CHIA BLAIS			10/31/2017
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 217

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FORM 642A - Revised: 06:2016

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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 31, 2017 12:15 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

