



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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BUS SVCS DIV.

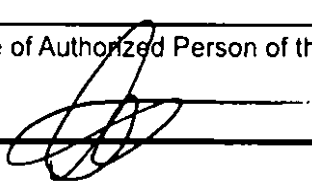
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Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

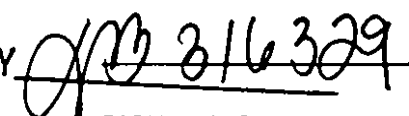
Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident office in the State of Rhode Island:

1. Entity ID Number 571494		2. Exact Name of the Limited Liability Company 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 (<u>NOT</u> 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			
<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 CHIA BLAIS			Date 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

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FILED

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FORM 642A - Revised: 06-2016