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2017 OCT 31 PM 1:41

## Statement of Change of Office DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

following statement for the pur				
1. Entity ID Number				
702380	277 Knight	Street LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:				
Street Address 305 Woodside Drwe				
City/Town No Prov		State RHODE ISLAND	Zip 02904	
4. The address of the NEW resident office is:				
Street Address (NOT a P.O. Box) 5 Lillian Road				
City/Town John Ston		State RHODE ISLAND	zip 02919	
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 TO ANNE Date				
		SAMBORSKY	10-31-17	
Signature of Authorized Person of the Limited Liability Company				
D'Un Soulons 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 COCT 3 1 2017 1:41

BY M 314408

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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 01:41 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

