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2017 OCT 31 PM 1:41

**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 702380		2. Exact Name of the Limited Liability Company 277 Knight Street LLC	
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 305 Woodside Drive			
City/Town No Prov	State RHODE ISLAND	Zip 02904	
4. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) 5 Lillian Road			
City/Town Johnston	State RHODE ISLAND	Zip 02919	
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) _____			
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 JO ANNE SAMBORSKY		Date 10-31-17	
Signature of Authorized Person of the Limited Liability Company <i>Jo Anne Samborsky</i> 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**

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BY *Ma* 316408