

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 *ONLY* in the State of Rhode

2018 JAN 29	SECRETARY OF CORPORATIONS
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1 Entity ID Number 2 Super Name of the United	11 1 100 2		
Entity ID Number 2. Exact Name of the Limited Liability Company			
927074 ENVIOUS PROPERTIES IK			
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 8 PROSPECT ST			
City/Town Cranstan	State RHODE ISLAND	Zip 02910	
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 134 PARK AUE			
City/Town Cranston	RHODE ISLAND	Zip 02905	
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY			
✓ Date received (Upon filing)			
Later effective date (Date must be no more than 30 days from the date of filing)			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Office by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company MM Amphel		Date //23/18	
Signature of Authorized Person of the Limited kiability Comp	JAENT 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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