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RECEIVED SECRETARY OF STATE CORPORATIONS DIV

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

following statement for the purpose of changing its resident office in the State of Rhode Island:			
	2. Exact Name of the Limited Liability Company		
1. Entity to Promote	2. Exact realite of the Chineso Clabinity Company		
1149784		OM MEDIA	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 30 COLE FARM CT			
City/Town PROVIDENCE		State RHODE ISLAND	<sup>Zip</sup> 02906
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box)      WOODLAWN DR.			
CRANSTON		State RHODE ISLAND	<sup>2ip</sup> 02920
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 Stalement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Penion of the Limited Liability Company Date			
BLAKE LARSEN : 62,16,1.8			
Signature of Authorized Person of the Limited Liability Company  SIGNATURE  S			

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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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:

February 22, 2018 03:28 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

