



State of Rhode Island and Providence Plantations  
 Department of State - Business Services Division

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 SECRETARY OF STATE  
 CORPORATIONS DIV

2018 FEB 22 PM 3:28

**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 <b>1149784</b>		2. Exact Name of the Limited Liability Company <b>TALL MOM MEDIA</b>	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <b>30 COLE FARM CT</b>			
City/Town <b>PROVIDENCE</b>		State <b>RHODE ISLAND</b>	Zip <b>02906</b>
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) <b>11 WOODLAWN DR.</b>			
City/Town <b>CRANSTON</b>		State <b>RHODE ISLAND</b>	Zip <b>02920</b>
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 <b>BLAKE LARSEN</b>			Date <b>02/16/18</b>
Signature of Authorized Person of the Limited Liability Company <i>Blake Larsen</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

3:28 pm  
**FILED**  
 STAMP  
 FEB 22 2018  
 BY *[Signature]*