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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

SECRETARY OF STARRY OF STA

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

following statement for the purpose of changing its resident office <i>ONLY</i> in the State of Rhode		
Entity ID Number 2. Exact Name of the Limited Liability Company		
1661310 Balbinot-Chavez Distributions LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 624 Washington Stapt A416		
Co ventry	State RHODE ISLAND	^{Zip} 02816
4. The address of the NEW resident office is:		
Street Address (NOT a P.O. Box) 945 Daniels on Pibe		
North Scitzate	State RHODE ISLAND	^{Zip} 82857
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	1	Date
Nestor Balbinot Ortiz		05/04/2018
Signature of Authorized Person of the Limited Liability Company		
SIGN DOCUMENT HERF		

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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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:

May 04, 2018 01:56 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

