



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE  
CORPORATIONS DIV

2018 MAY -8 PM 12:43

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### 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>84066</b>		2. Exact Name of the Limited Liability Company <b>The Atlantic Hour LLC</b>	
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 <b>11 Pile Market Place</b>			
City/Town <b>Narragansett</b>		State <b>RHODE ISLAND</b>	Zip <b>02882</b>
4. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) <b>85 Ocean Road</b>			
City/Town <b>Narragansett</b>		State <b>RHODE ISLAND</b>	Zip <b>02882</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) _____			
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 <b>Piyush Patel</b>			Date <b>5/8/18</b>
Signature of Authorized Person of the Limited Liability Company <b>[Signature]</b> 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](http://www.sos.ri.gov)

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BY **A.A. 12:43pm.**