

Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

ST.V.P

Pursuant to the provisions following statement for the	of RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> the purpose of changing its registered	ne undersigned corporation sull office ONLY in the State of RI	bmits the hode Island:
1. Entity ID Number	2. Exact Name of the Corporation		
665473	Wharf Residences, Ltd.		
3. The address of the reg	sistered office as PRESENTLY show	wn in the records on file with th	ne RI Department of State:
Street Address 31 Americ	ca's Cup Ave.		
City/Town Newport		State RHODE ISLAND	^{Zip} 02840
4. The address of the NE			
Street Address (<u>NOT</u> a P.O.	Box) 10A Washington Square		
City/Town Newport		State RHODE ISLAND	^{Zip} 02840
5. Date when this Statem	nent of Change of Registered Office	will be effective: CHECK ON	E BOX ONLY
✓ Date received (Upon	n filing)		
Later effective date	(Date must be no more than 90 day	ys from the date of filing)	
6. A copy of this Stateme	ent has been mailed to the corporati	on (applicable when agent rec	cords statement).
	I declare and affirm that I have exa herein are true and correct.	amined this Statement of Chan	ge of Registered Office, and that
Name of the Registered	Agent/Officer of the Corporation		Date
Neil P. Galvin, Esq.			04/09/2018
Signature of the Register	red Agent/Officer of the Corporation	Phl	

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAY 1 0 2018

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