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

DOMESTIC or FOREIGN Limited Liability Company

Statement of Change of Office

→ No Filing Fee			1 22 CE		
Pursuant to the provisions of F following statement for the pur					
1. Entity ID Number	Entity ID Number 2. Exact Name of the Limited Liability Company				
001670113	Demeter 1	-LC			
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:					
Street Address 347 Broadway					
City/Town Provides	,	State RHODE ISLAND	zip 02909		
4. The address of the NEW resident office is:					
Street Address (NQI a P.O. Box) 180 Carpenter St.					
City/Town Provides	nce	State RHODE ISLAND	zip 02903		
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 Cynthia Langlykke Jun 6, 2018					
Signature of Authorized Person of the Limited Liability Company When Sign DOCUMENT HERE					
U	i/ U				

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.n.gov FILED
JUN 1 1 2018
BY A. A. D. A. Spm.

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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:

June 11, 2018 12:45 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

