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 SECRETARY OF STATE
 CORPORATIONS DIV
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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 **ONLY** in the State of Rhode

1. Entity ID Number 846740		2. Exact Name of the Limited Liability Company ROCKY POINT CLAM SHACK LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State			
Street Address 250 BELLMAN AVE			
City/Town WARWICK	State RHODE ISLAND	Zip 02889	
4. The address of the NEW resident office is.			
Street Address (NOT a P.O. Box) <i>253 Bellman Ave</i>			
City/Town <i>WARWICK</i>	State RHODE ISLAND	Zip <i>02889</i>	
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company <i>CHAN PING HOW</i>		Date 6/28/2018	
Signature of Authorized Person of the Limited Liability Company <i>[Signature]</i>			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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FILED

JUN 28 2018

BY *[Signature]*