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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

## Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

SECRETARY OF STATE SECRETARY OF STATE ON SOLVER

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 2. Exact Name of the Limited Liability Company 1. Entity ID Number 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address Ylazz e State Zip City/Town **RHODE ISLAND** 02907 4. The address of the NEW resident office is: Street Address (NOT a P.O. Box) Zip State City/Town RHODE ISLAND 6/290 midence 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 8/24/2018 Limited Liability Company 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 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:

September 04, 2018 12:39 PM

Nellie M. Gorbea Secretary of State

Tullin U. Korler

