

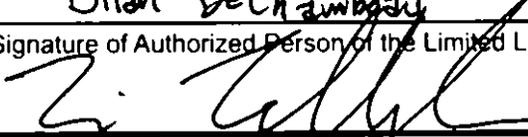


RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 SEP -4 PM 12:39

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 001680233	2. Exact Name of the Limited Liability Company 21 Danforth, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 3 Regency Plaza # 1101e			
City/Town Providence	State RHODE ISLAND	Zip 02903	
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 40 Richter St. #3			
City/Town Providence	State RHODE ISLAND	Zip 02908	
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 Brian DeChambassy			Date 8/29/2018
Signature of Authorized Person of the 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

SEP 04 2018

BY  _____ 12:39 5 ...