



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

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2018 OCT 25 PM 12:38

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 84209		2. Exact Name of the Limited Liability Company Key/Parkinson Realty Group LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 73 Sycamore Lane			
City/Town Saunderstown		State RHODE ISLAND	Zip 02860
4. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 26 Bridge St, Suite 540B			
City/Town Providence		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 Ernest Abrahamson			Date 10/23/2018
Signature of Authorized Person of the Limited Liability Company <i>Ernest Abrahamson</i> 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

OCT 25 2018

BY

A.A. 12:38 p.m.