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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED R.I. DEPT. OF STATE BUS SYCS DIV

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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Pursuant to the provisions of RIGL <u>7-16-11</u> the undersigned limited liability company submits the			
following statement for the purpose of changing its resident office <i>ONLY</i> in the State of Rhode			
1. Entity ID Number	2. Exact Name of the Limited	Liability Company	•
1669728	Dulce vi	da Bebe	LLC.
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 314 New York Ane.			
City/Town DV SV i den Cl	24	State RHODE ISLAND	D2907
4. The address of the NEW resident office is.			
Street Address (NOT a P.O. Box)			
City/Town DYSY des	nce RY	State RHODE ISLAND	D290 5
5. Date when this Statement of Change of Resident Office will be effective. CHECK ONE BOX ONLY			
Date received (Upon filing)			
ater 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			Date
Inac d guman			12/10/18
Signature of Authorized Person of the Limited Liability Company			
Ingrid Alle man 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 C
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BY ON OKAEE

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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:

December 10, 2018 01:14 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

