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2018 DEC 10 PM 1:15

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 1669722		2. Exact Name of the Limited Liability Company Dulce vida 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 Ave.			
City/Town Providence RI	State RHODE ISLAND	Zip 02901	
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 1017 Broad St.			
City/Town Providence RI	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)			
...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 Ingrid Azman			Date 12/10/18
Signature of Authorized Person of the Limited Liability Company Ingrid Azman			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 ✓

DEC 10 2018

BY **AK2EE**