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 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 DEC 17 AM 11:14

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 in the State of Rhode Island:

1. Entity ID Number 000799595		2. Exact Name of the Limited Liability Company LAMBERT DBM, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 45 Elm St			
City/Town NEWPORT		State RHODE ISLAND	Zip 02840
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 122 GREYSTONE TERRACE			
City/Town Portsmouth		State RHODE ISLAND	Zip 02871
5. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day of filing) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company Walter Lambert			Date 12/13/18
Signature of Authorized Person of the Limited Liability Company W L 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

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