



Statement of Change of Office
 DOMESTIC or FOREIGN Limited Liability Company

No Filing Fee

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 STATE SECRETARY OF CORPORATIONS DIV
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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 <i>001662678</i>		2. Exact Name of the Limited Liability Company <i>L & Y Realty LLC</i>	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <i>960 Reservoir Ave</i>			
City/Town <i>Cranston</i>	State RHODE ISLAND	Zip <i>02910</i>	
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) <i>16 Phillips CT</i>			
City/Town <i>Cranston</i>	State RHODE ISLAND	Zip <i>02921</i>	
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) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company <i>Liyun Yan</i>			Date <i>12/22/18</i>
Signature of Authorized Person of the Limited Liability Company <i>[Signature]</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

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 BY *[Signature]* 4M20Y