



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

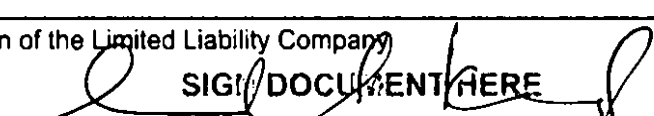
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CORPORATIONS DIV  
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## Statement of Change of Office

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 <b>001677176</b>		2. Exact Name of the Limited Liability Company <b>Andrea S. Keogh Art &amp; Design, LLC</b>	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address <b>134 Longfellow Road</b>			
City/Town <b>Jamestown</b>		State <b>RHODE ISLAND</b>	Zip <b>02835</b>
4. The address of the <b>NEW</b> resident office is:			
Street Address ( <u>NOT</u> a P.O. Box) <b>59 Bellevue Avenue *(mailing address is P.O. Box 267)</b>			
City/Town <b>Newport</b>		State <b>RHODE ISLAND</b>	Zip <b>02840</b>
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 <b>Andrea S. Keogh</b>			Date <b>12/26/2018</b>
Signature of Authorized Person of the Limited Liability Company  <b>SIGN DOCUMENT HERE</b>			

**MAIL TO:**

**Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

**FILED**

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BY 