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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

SECRETARY OF STATE CORPORATIONS DIV

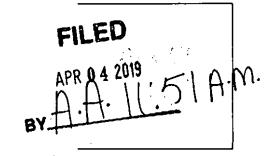
Pursuant to the provisions of RIGL <u>7-16-11</u> the undersigned limited liability company submits the following statement for the purpose of changing its resident office *ONLY* in the State of Rhode

1. Entity ID Number 2. Exact Name of the Limited Liability Company			
1671816	Sou Clarity,	LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address U Lincoln 84, 2nd Fl			
City/Town Number +		State RHODE ISLAND	zip 02840
4. The address of the NEW resident office is:			
Street Address (NOI a P.O. Box) & Nowport Av.			
City/Town NUMPON +		RHODE ISLAND	Zip 02840
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY			
Date received (Upon filing)			
Later effective date (Date must be no more than 90 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	
Ressura Polen			4.2.19
Signature of Authorized Person of the Limited Liability Company			
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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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:

April 04, 2019 11:51 AM

Nellie M. Gorbea
Secretary of State

Tullin U. Soler

