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RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2019 APR -9 SAMILIFI

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Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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 <i>ONLY</i> in the State of Rhode		
1. Entity ID Number 2. Exact Name of the Limited Liability Company		
00/671938 Property Preservation Crew, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 143 Reservoir Ave. Apt. 2 City/Town 1 " State		
City/Town Lincoln	State RHODE ISLAND	Zip 02865
4. The address of the NEW resident office is:		
Street Address (NOT a P.O. Box) 97 Hedley Ave. Apt. City/Town() State Zip 0.40 / 2		
Central Falls	RHODE ISLAND	Zip D2863
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	1	Date
Ruth Cruz		4-9-19
Signature of Authorized Person of the Limited Liability Company		
KUTH CHES 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 09, 2019 11:41 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

