

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 in the State of Rhode Island:

following statement for the pur	pose of changing its resident o	ffice in the State of Rhode Isla	ınd:
Entity ID Number Exact Name of the Limited Liability Company			
000299139	Ramp Media	Lab LLC.	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 378 Carpenter Street Prindence, RI 02909 City/Town Providence State RHODE ISLAND Zip 02909			
City/Town Providence		State RHODE ISLAND	Zip 02909
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 90 Rosedale Street unit 3			
City/Town Providence		State RHODE ISLAND	Zip 02909
5. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX			
Date received (Upon filing)			
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 Date			
IM Total Jet		ff Tostu	5/24/19
Signature of Authorized Person of the Limited Liability Company			
M Tosta 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 FILED
MAY 2 8:2019 (4) P

ву <u>А.А.1.02</u>рм