

Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation LL

→ No Filing Fee

7-16-11

Pursuant to the provisions of RIGL <u>7-1-2-502</u> or <u>7-1-2-1469</u> the undersigned corporation submits the following statement for the purpose of changing its registered office **ONLY** in the State of Rhode Island

Entity ID Number	2. Funct Name of the Course		node Island.
	2. Exact Name of the Corpor		
000843699	Chekka Realty, L	.LC	
3. The address of the regis	tered office as PRESENTLY sho	wn in the records on file with the	ne RI Department of State:
Street Address 34 Sweet Hi			
City/Town Johnston		State RHODE ISLAND	Zip 02919
4. The address of the NEW	registered office is:		<u> </u>
Street Address (NOT a P.O. Bo	ox) 1478 Atwood Avenue, Suite	e 202	
City/Town Johnston		State RHODE ISLAND	^{Zip} 02919
5. Date when this Statemer	nt of Change of Registered Office	will be effective: CHECK ONI	BOX ONLY
✓ Date received (Upon filing)			
Later effective date (D	ate must be no more than 30 da	ys from the date of filing)	
6. A copy of this Statement	has been mailed to the corporati	ion (applicable when agent rec	ords statement).
	declare and affirm that I have exa		ge of Registered Office, and that
Name of the Registered Agent/Officer of the Corporation		11.0.	Date
Raymond F. Bruzzese, CPA			05/30/2019
Signature of the Registered	Agent/Officer of the Corporation CPA SIGN DOC	UMENT 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

JUN 0 3 2019

BY A.A. 11.48 AM

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