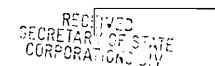
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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Statement of Change of Office

DOMESTIC or FOREIGN Emitted Elability Compared or Porcetor

Pursuant to the provisions of RIGL 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		
Entity ID Number 2. Exact Name of the Limited Liability Company		
000 161201 B&A 786 Realestate Corp		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 32 Pard Are		
Oity/Town Newport	State RHODE ISLAND	02840
4. The address of the NEW resident office is:		
Street Address (NOT a P.O. Box) 23 William Drive		
City/Town Middletown	RHODE ISLAND	21p 02842
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	<u></u>	Date
Khadya Lewis Khan		6-7-19
Signature of Authorized Person of the Limited Liability Company		
Maron & 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