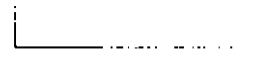


Statement of Change of Office
 DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL 7-16-11 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 000534022		2. Exact Name of the Limited Liability Company LMR Company, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 155 South Main Street, Suite 300			
City/Town Providence	State RHODE ISLAND	Zip 02903	
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 155 South Main Street, Suite 304			
City/Town Providence	State RHODE ISLAND	Zip 02903	
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company MARC GENEREUX		Date 10-30-18	
Signature of Authorized Person of the Limited Liability Company <i>Marc Geneaux</i>			

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 JUN 17 PM 12:58

FILED

JUN 17 2019

BY A. A. 12:58 p.m.

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov