RI SOS Filing Number: 201900820150 Date: 7/1/2019 11:48:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RETEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2019 JUL - 1 AM 11: 48

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

1. Entity ID Number 2. Exact Name of the Limited Liability Company 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State Street Address 543 Central Au City/Town Pharting Liab State RHODE ISLAND City/Town State RHODE ISLAND City/Town City/Town State RHODE ISLAND City/Town	-	RIGL 7-16-11 the undersigned li		• • • • • • • • • • • • • • • • • • •	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State Street Address 583 CENTRA DU CITYTOWN PROJUBLE 4. The address of the NEW resident office is: Street Address (NOI a PO, Box) 1540 Arthropadale CityTown Product State RHODE ISLAND Zip Ca86 CityTown Product CityTown Product State RHODE ISLAND Zip Ca86 CityTown Product CityTown Product State RHODE ISLAND Zip Ca86 Ca86 State CityTown Product CityTown Product CityTown Product State RHODE ISLAND Zip Ca86 Ca86 State CHECK ONLY ONE BOX			******	•	
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State RHODE ISLAND Zip Jake State RHODE ISLAND Zip Jake 4. The address of the NEW resident office is: Street Address (NOI a PO, Box) 1 5 4 D Arting date Auce City/Town Paux will be affective: CHECK ONLY ONE BOX	3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State				
4. The address of the NEW resident office is: Street Address (NOT a PO. Box) ISY DATTING Lake Acce City/Town Part USA State RHODE ISLAND Zip OSEU 5. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX					
4. The address of the NEW resident office is: Street Address (NOT a PO. Box) ISY DATTING Lake Acce City/Town Part USA State RHODE ISLAND Zip OSEU 5. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX	PANTICLET State RHODE ISLAND ZIP JOSE				
State RHODE ISLAND Zip O380 5. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX					
5. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX					
	Paux volit				
Tate received (Upon filing)	5. Date when this Statement	of Change of Resident Agent w	ill be effective: CHECK ONLY	ONE BOX	
Later effective date (Date must be no more than 30 days from the day of filing)					
Under penalty of penjury, 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		1 ' 1 '	1 1	Date	
Marrieon m chathy lachopelle U-25-19	0-25-19				
Signature of Authorized Person of the Limited Liability Company					
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

JUL 0 1 2019 BY A. A. 11:48 A.M. RI SOS Filing Number: 201900820150 Date: 7/1/2019 11:48:00 AM



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:

July 01, 2019 11:48 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

