



2619 JUL -3 PM 2: 14

Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

Entity ID Number	Exact Name of the Corpo	2. Exact Name of the Corporation		
1099716	AARJUS IV, LLC			
3. The address of the reg	istered office as PRESENTLY sh	own in the records on file with t	the RI Department of State	
Street Address 1 FINANC	IAL PLAZA, STE. 1800			
City/Town PROVIDENCE		State RHODE ISLAND	Z _{IP} 02903	
4 The address of the NE		•		
Street Address (NOT a P.O.	Box) 321 SOUTH MAIN STREE	T, 4th FLOOR		
City/Town PROVIDENCE		State RHODE ISLAND	Zip 02903	
5. Date when this Statem	ent of Change of Registered Offic	ce will be effective: CHECK ON	E BOX ONLY	
✓ Date received (Upor	n filing)	•		
☐ Later effective date	(Date must be no more than 30 d	ave from the date of filing)		

Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that

SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

JOSHUA CELESTE, ESQ.

148 W. River Street, Providence, Rhode Island 02904-2615

all statements contained herein are true and correct. Name of the Registered Agent/Officer of the Corporation

Signature of the Registered Agent/Officer of the Corporation

Phone: (401) 222-3040 Website: www.sos ri gov

Date

6/18/2019

JUL 0 3 2019