

GECRETARY OF STATE CORPORATIONS DIV

Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

	of RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> the purpose of changing its registered		
1. Entity ID Number			
1336056	336056 BLUE WATERS, LLC		
3. The address of the reg	istered office as PRESENTLY show	wn in the records on file with t	he 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 (<u>NOT</u> a PO	Box) 321 SOUTH MAIN STREET,	4th FLOOR	
City/Town PROVIDENCE		State RHODE ISLAND	Z ₁ p 02903
5. Date when this Statem	ent of Change of Registered Office	will be effective: CHECK ON	E BOX ONLY
✓ Date received (Upor	n filing)		
Later effective date	(Date must be no more than 30 day	ys from the date of filing)	
6. A copy of this Statemer	nt has been mailed to the corporati	on (applicable when agent red	cords statement).
	I declare and affirm that I have exa herein are true and correct	nmined this Statement of Char	nge of Registered Office, and that
Name of the Registered A	Agent/Officer of the Corporation		Date
JOSHUA CELESTE , ESQ.			6/18/2019
Signature of the Register	ed Agent/Officer of the Corporation	1	<u></u>
	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

