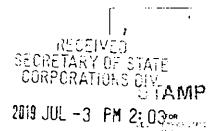


Statement of Change of Registered Office DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee



1. Entity ID Number	2. Exact Name of the Corpo	2. Exact Name of the Corporation		
575203	BKDB LLC	BKDB LLC		
3. The address of the reg	gistered office as PRESENTLY sh	nown in the records on file with t	he RI Department of State:	
Street Address 1 FINANC	CIAL PLAZA, STE. 1800			
City/Town PROVIDENCE		State RHODE ISLAND	Z _{IP} 02903	
4. The address of the NE			•	
Street Address (NOT a PO	Box) 321 SOUTH MAIN STREE	T, 4th FLOOR		
City/Town PROVIDENCE		State RHODE ISLAND	Zıp 02903	
5. Date when this Staten	nent of Change of Registered Offi	ce will be effective: CHECK ON	E BOX ONLY	
✓ Date received (Upo	n filing)			
Later effective date	(Date must be no more than 30 d	lays from the date of filing)		
6. A copy of this Stateme	ent has been mailed to the corpora	ation (applicable when agent red	cords statement).	
	I declare and affirm that I have e herein are true and correct.	xamined this Statement of Char	nge of Registered Office, and tha	
Name of the Registered Agent/Officer of the Corporation			Date	
MICHAEL F. SWEENEY, ESQ.			6/18/2019	
Signature of the Register	red Agent/Officer of the Corporation	on	•	
777	0101100	CUMENT 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 FILED