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**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 <b>1697904</b>		2. Exact Name of the Limited Liability Company <b>1007 INVESTMENTS LLC</b>	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address <b>179 MASSACHUSETTS AVE.</b>			
City/Town <b>PROV.</b>	State <b>RHODE ISLAND</b>	Zip <b>02905</b>	
4. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) <b>1408 BROAD ST</b>			
City/Town <b>PROV.</b>	State <b>RHODE ISLAND</b>	Zip <b>02905</b>	
5. Date when this Statement of Change of Resident Office will be effective: <b>CHECK ONE BOX ONLY</b>			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____			
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.			
Name of Authorized Person of the Limited Liability Company <b>Pedro Espina</b>		Date <b>7/12/19</b>	
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

**FILED**

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