RI SOS Filing Number: 201912325290 Date: 8/13/2019 12:01:00 PM

State of Rhode Island and Providence Plantations Department of State - Business Services	Division	
Statement of Change of Office DOMESTIC or FOREIGN Limited Liability Compan → No Filing Fee Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability Companies to the provisions of RIGL 7-16-11 the undersigned limited liability Companies to the provisions of RIGL 7-16-11 the undersigned liability Companies to the provisions of RIGL 7-16-11 the undersigned liability Companies to the provisions of RIGL 7-16-11 the undersigned liability Companies to the provisions of RIGL 7-16-11 the undersigned liability Companies to the provisions of RIGL 7-16-11 the undersigned liability Companies to the provisions of RIGL 7-16-11 the undersigned liability Companies to the provisions of RIGL 7-16-11 the undersigned liability Companies to the provisions of RIGL 7-16-11 the undersigned liability Companies to the provisions of RIGL 7-16-11 the undersigned liability Companies to the provisions of RIGL 7-16-11 the undersigned liability Companies to the provisions of RIGL 7-16-11 the undersigned liability Companies to the provisions of RIGL 7-16-11 the undersigned liability Companies to the provisions of RIGL 7-16-11 the undersigned liability Companies to the provisions of RIGL 7-16-11 the undersigned liability Companies to the provisions of RIGL 7-16-11 the undersigned liability Companies to the provisions to the provisions of RIGL 7-16-11 the undersigned liability Companies to the provisions	imited liability company submit	
following statement for the purpose of changing its resident office in the State of Rhode Island: 1. Entity ID Number 2. Exact Name of the Limited Liability Company		
1661555 Cook Construction LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address Street Address Highland Rd		
City/Town Pristol	State RHODE ISLAND	02809
4. The address of the NEW resident office is:		
Street Address (NOT a P.O. Box) 874 Main Street		
City/Town	RHODE ISLAND	02885
5. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX		
Date received (Upon filing)		
Later effective date (Date must be no more than 30 days from the day of filing)		
Under penalty of perjury, 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 8/8/19
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

X of coll

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

AUG 1 3 2019

A.A. 12:01pm

RI SOS Filing Number: 201912325290 Date: 8/13/2019 12:01:00 PM



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:

August 13, 2019 12:01 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

