



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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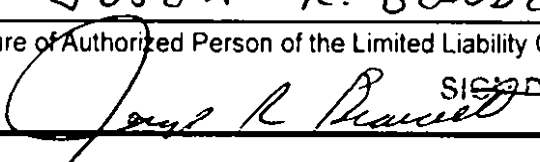
2019 AUG 20 PM 12:23:00

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 in the State of Rhode Island:

1. Entity ID Number 1664241		2. Exact Name of the Limited Liability Company LUV IN A SUB, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 50 MEADOW ROAD # 313			
City/Town CUMBERLAND	State RHODE ISLAND	Zip 02864	
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 1360 MINOR SPRING AVENUE			
City/Town NO PROVIDENCE	State RHODE ISLAND	Zip 02904	
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 JOSEPH R. BEAUDETTE			Date 8-20-19
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
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

AUG 20 2019

BY **A.A. 12:23 PM**