



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

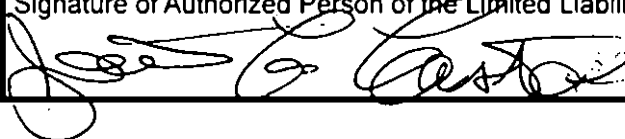
Statement of Change of Office

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

RECEIVED
RI DEPT OF STATE
BUS SVCS DIV
2019 AUG 26 PM 12:34

1. Entity ID Number 000525864		2. Exact Name of the Limited Liability Company JC MOIDS LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 22 Millers Brook Drive			
City/Town Cumberland		State RHODE ISLAND	Zip 02864
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 154 Greenwood Street			
City/Town Cranston		State RHODE ISLAND	Zip 02910
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY			
<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 Joao G Costa			Date 8/20/19
Signature of Authorized Person of the Limited Liability Company  JOAO G COSTA			

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 26 2019

BY A.A. 12:34p.m.