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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2019 SEP -4 A 11: 55

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

STAMP

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:	
Entity ID Number 2. Exact Name of the Limited Liability Company	
000550906 WIRSA BRIS	STOL, LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State	
Street Address 300 Hope street	
City/Town Bristol	State RHODE ISLAND ZIP 0 2809
4. The address of the NEW resident office is:	
Street Address (NOT a P.O. Box) 2 MEADOW CIRCLE	
City/Town Barrington	State RHODE ISLAND Zip 02806
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 Compa	
MuhammedYASIN	9-4-19
Signature of Authorized Person of the Limited Liability Company	
	party _

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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

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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:

September 04, 2019 11:55 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

