RI SOS Filing Number: 201917440600 Date: 9/4/2019 11:59:00 PIMED

R.I. DEPT. OF STATE BUS SVCS DIV



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2019 SEP -4 A 11:59

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

STATE

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 Limit		and:
851583 OMEGA ENT		<u>c</u>
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 02809
4. The address of the NEW resident office is:		
Street Address (NOT a P.O. Box) 250 Wamfanoag Thail Suite # 102		
City/Town Riverside	State RHODE ISLAND	Zip 02915
	RHODE ISLAND	<u>'</u>
City/Town Riverside	RHODE ISLAND	<u>'</u>
5. Date when this Statement of Change of Resident Agen	t will be effective: CHECK ONLY	<u>'</u>
5. Date when this Statement of Change of Resident Agen Date received (Upon filing)	t will be effective: CHECK ONLY days from the day of filing) examined this Statement of Chan	ONE BOX
5. Date when this Statement of Change of Resident Agen Date received (Upon filing) Later effective date (Date must be no more than 30 a Under penalty of perjury, I declare and affirm that I have a Limited Liability Company, and that all statements contain Name of Authorized Person of the Limited Liability Company	t will be effective: CHECK ONLY days from the day of filing) examined this Statement of Changed herein are true and correct.	ONE BOX
5. Date when this Statement of Change of Resident Agen Date received (Upon filing) Later effective date (Date must be no more than 30 of Under penalty of perjury, I declare and affirm that I have a Limited Liability Company, and that all statements contain	t will be effective: CHECK ONLY days from the day of filing) examined this Statement of Changed herein are true and correct.	ONE BOX ge of Resident Agent by the
5. Date when this Statement of Change of Resident Ager Date received (Upon filing) Later effective date (Date must be no more than 30 a Under penalty of perjury, I declare and affirm that I have a Limited Liability Company, and that all statements contain Name of Authorized Person of the Limited Liability Company Signature of Authorized Person of the Limited Liability Co	RHODE ISLAND It will be effective: CHECK ONLY Idays from the day of filing) Examined this Statement of Chanced herein are true and correct. Inny	ge of Resident Agent by the Date

MAIL TO:

Division of Business Services 148 W. River Street. Providence, Rhode Island 02904-2615

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

SEP 04 2019
BY M 11:59

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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 11:59 AM

Nellie M. Gorbea Secretary of State

Tullin U. Korler

