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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 000 153 969		2. Exact Name of the Limited Liability Company SAXON, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 21 DIVISION Rd, APT 6			
City/Town EAST GREENWICH.		State RHODE ISLAND	Zip 02818
4. The address of the NEW resident office is. Street Address (NOT a P.O. Box) 1850 WARWICK AVE			
City/Town WARWICK, RI		State RHODE ISLAND	Zip 02889
5. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> 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 Robert S. Peter			Date 9-3-19
Signature of Authorized Person of the Limited Liability Company Robert S. Peter 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

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STAMP
 STATE OF RHODE ISLAND
 DEPARTMENT OF STATE
 BUSINESS SERVICES DIVISION