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09/25/2019

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

Statement of Change of Registered Office DOMESTIC or FOREIGN Business Corporation

10:33 barrows cpa

→ No Filing Fee



O00941965 VLA REALTY INC. 3. The address of the registered office as PRESENTLY shown in the records on file with the Ri Department of State Street Address 85 DOUGLAS PIKE, SUITE 102 City/Town SMITHFIELD State RHODE ISLAND Zip 02917 4. The address of the NEW registered office is: Street Address (NOT a P.O. Box) 1384 SMITH STREET City/Town NORTH PROVIDENCE State RHODE ISLAND Zip 02911 5. Date when this Statement of Change of Registered Office will be effective: CHECK ONE BOX ONLY Date received (Upon filing) Later effective date (Date must be no more than 30 days from the date of filing) 6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement). Under panalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, as all statements contained herein are true and correct.	1. Entity ID Number	urpose of changing its registered office ONLY in the State of Rhode Island. 2. Exact Name of the Corporation		
City/Town SMITHFIELD State RHODE ISLAND Zip 02917 4. The address of the NEW registered office is: Street Address (NOT a P.O. Box) 1384 SMITH STREET City/Town NORTH PROVIDENCE State RHODE ISLAND Zip 02911 5. Date when this Statement of Change of Registered Office will be effective: CHECK ONE BOX ONLY Date received (Upon filing) Later effective date (Date must be no more than 30 days from the date of filing) 6. A copy of this Statement has been malled to the corporation (applicable when agent records statement). Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, at all statements contained herein are true and correct.	000941965	·		
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Street Address (NOT a P.O. Box) 1364 SMITH STREET City/Town NORTH PROVIDENCE State RHODE ISLAND Zip 02911 5. Date when this Statement of Change of Registered Office will be effective: CHECK ONE BOX ONLY Date received (Upon filing) Later effective date (Date must be no more than 30 days from the date of filing) 6. A copy of this Statement has been malled to the corporation (applicable when agent records statement). Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, as all statements contained herein are true and correct.				Zip 02917
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Name of the Desired and Asset to the Control of the	Under penalty of perjury,	i declare and affirm that I have exa	mined this Statement of Chan	ge of Registered Office, and that
Name of the Registered Agent/Officer of the Corporation Date	Name of the Registered Agent/Officer of the Corporation			Date
JAMES BARROWS				09/27/19
Signature of the Registered Agent/Officer of the Corporation	Signature of the Register	ed Agent/Offices of the Corporation		
SIGN BOCUMENT HERE		SIGN-BOCT	OMENT HERE	

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.rl.gov

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FORM 840A - Revised: 04/2018