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following state	ment for the pu	RIGL <u>7-16-11</u> the undersigned pose of changing its resident	limited liability company submi office ONLY in the State of Rho	its the
_	Entity ID Number 2. Exact Name of the Limited Liability Company 00145724 MAIS FICA FARMS, LLC			
3. The address Street Address	s of the resider	t office as PRESENTLY show	n in the records on file with the	RI Department of State:
0100(A00(695	88 DOUGLAS	PIKE, SUITE 102		
City/Town SMITHFIELD			State RHODE ISLAND	^{Zip} 02917
4. The addres	s of the NEW r	esident office is:		
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 Resident Office	will be effective: CHECK ONE	BOX ONLY
	eived (Upon fill			
	ective date (Dat	e must be no more than 90 da	ive from the date of filing)	
	ty Company, ar	<u>iu inal ali statements containe</u>	amined this Statement of Chan d herein are true and correct.	ge of Resident Office by the
Name of Authorized Person of the Limited Liability Company				Date
BEN ACETO, CPA				09/27/19
		on of the Limited Llability Com	ipany CUMENT HERE	<u> </u>

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2815 Phone: (401) 222-3040 Website: www.sos.rl.gov



FORM 642A - Revised: 12/2018



State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

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 25, 2019 11:44 AM

Tulli U. Hole

Nellie M. Gorbea Secretary of State

