RI SOS Filing Number: 201921906730 Date: 9/30/2019 2:56:00 PM

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

Statement of Chang DOMESTIC or FOREIGN → No Filing Fee	RLL DEPT. EBUS SV						
	RIGL <u>7-16-11</u> the undersigned I pose of changing its resident o			IVED OF STAT CS DIN			
1. Entity ID Number	_						
001677487	NAMAMAF, LLC						
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:							
Street Address 662 GREAT RO	,	R. 1					
City/Town NORTH SMITHFIEL	_D	State RHODE ISLAND	Zip 02896	REC BUS 9 SEP			
4. The address of the NEW resident office is:							
Street Address (NOT a P.O. Box) 275 GEORGE WASHINGTON HIGHWAY							
City/Town SMITHFIELD		RHODE ISLAND	Zip 02917	PM 2:21			
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 Company							
STANley Zu	8/27/	19					
Signature of Authorized Person of the Limited Liability Company							
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 FILED

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SEP 3 0 2019

BY AA a: Sup.m

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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 30, 2019 02:56 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

