



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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 **ONLY** in the State of Rhode

RECEIVED
R.I. DEPT. OF STATE
BUS. SERVICES DIV.
2019 OCT - 1 P 1:24

1. Entity ID Number 001681860	2. Exact Name of the Limited Liability Company Three Bags Full LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 40 STONE RIDGE ROAD		
City/Town CUMBERLAND	State RHODE ISLAND	Zip 02864
4. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 80 FISHER ROAD, UNIT 40		
City/Town CUMBERLAND	State RHODE ISLAND	Zip 02864
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____		
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Office by the Limited Liability Company, and that all statements contained herein are true and correct.		
Name of Authorized Person of the Limited Liability Company Roberta C Sproul		Date 10/3/2019
Signature of Authorized Person of the Limited Liability Company Roberta C Sproul 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
OCT 7 2019
BY **[Signature]** 1:24