



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

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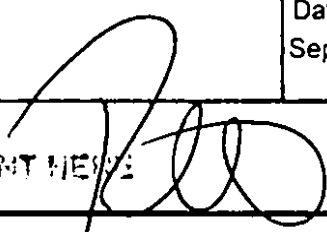
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**Statement of Change of Office**

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 001690929		2. Exact Name of the Limited Liability Company Ohm Namah Shivay Property, LLC	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address 1536 Westminster Street			
City/Town Providence		State <b>RHODE ISLAND</b>	Zip 02909
4. The address of the <b>NEW</b> resident office is:			
Street Address ( <u>NOT</u> a P.O. Box) 1140 Reservoir Avenue, Suite 201			
City/Town Cranston		State <b>RHODE ISLAND</b>	Zip 02920
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) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company Robert A. Peretti, Esq			Date September 18, 2019
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](http://www.sos.ri.gov)

**FILED**

OCT 17 2019

BY 

FORM 642A - Revised 03/2010