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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED

SECRETARY OF STATE
CORPORATIONS DIV

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

2019 OCT 22 PM 1: 08

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:			
Entity ID Number 2. Exact Name of the Limited Liability Company			
1674641 Smith Street Enterprise / LC			
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 10 DIE FAZIO DRUY			
City/Towo Johnston	State RHODE ISLAND Z	029	19
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) Exica Exica DVIVE			
City/Town & Lincoln		07862	
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 Date			_
SATAR MESERIA		10/22/2	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 FILED

BY A.A 1.100.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:

October 22, 2019 01:10 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

