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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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RECEIVED
OCCRETARY OF STATE
CORPORATIONS DIV

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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following statement for the	purpose of changing its resident o	ffice <i>ONLY</i> in the State of Rho			
1. Entity ID Number	2. Exact Name of the Limited	2. Exact Name of the Limited Liability Company			
001677440	Honey Bee Holding	Honey Bee Holdings, LLC			
3. The address of the res	ident office as PRESENTLY shown	in the records on file with the	RI Department of State:		
Street Address 225 Watern	man Avenue				
City/Town East Providence	•	State RHODE ISLAND	^{Zip} 02914		
4. The address of the NE					
Street Address (NOT a P.O.	Box) 250 Wampanoag Trail # 306				
City/Town East Providence	3	State RHODE ISLAND	^{Zip} 02915		
5. Date when this Statem	ent of Change of Resident Office w	ill be effective: CHECK ONE	BOX ONLY		
✓ Date received (Upor	n filing)				
Later effective date	Date must be no more than 90 day	rs from the date of filing)			
Under penalty of perjury, Limited Liability Company	l declare and affirm that I have exa ,, and that all statements contained	mined this Statement of Chan herein are true and correct.	ge of Resident Office by the		
Name of Authorized Person of the Limited Liability Company		Date			
Paul McCarthy		11/08/19			
Signature of Authorized P	erson of the Limited Liability Comp	any	1		
	mocanthy				

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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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:

November 08, 2019 02:39 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

