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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

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Entity ID Number	e purpose of changing its resident o 2. Exact Name of the Limited			
•		· ·		
113834	BML Enterprises, LLLC			
3. The address of the res	sident office as PRESENTLY shown	in the records on file with the	RI Department of State:	
Street Address c/o Robert	t L. Simmons, 10 Nate Whipple H	ighway, P.O. Box 7366		
City/Town Cumberland		State RHODE ISLAND	Zip 02864	
4. The address of the NE	W resident office is:			
Street Address (NOT a P.O	Box) c/o Robert L. Simmons, 50	Abbott Run Vallley Rd, UNIT	1601, P.O. Box 7366	
City/Town Cumberland		RHODE ISLAND	^{Zip} 02864	
5. Date when this Staten	nent of Change of Resident Office w	vill be effective: CHECK ONE I	BOX ONLY	
Date received (Upo	n filing)			
Later effective date	(Date must be no more than 90 day	ys from the date of filing)		
	I declare and affirm that I have exa	mined this Statement of Chan	ge of Resident Office by the	
	y, and that all statements contained	f herein are true and correct.		
Limited Liability Compan			Date	
Limited Liability Compan	son of the Limited Liability Company	/	Date September 3, 2019	
Limited Liability Compan Name of Authorized Pers Brian M. Lahousse, Ma	y, and that all statements contained son of the Limited Liability Company	n Mohr		

MAJL TO:

Division of Business Services148 W. River Street, Providence, Rhode Island 02904-2615 **Phone**: (401) 222-3040

Website: www.sos.ri.gov

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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 29, 2019 03:17 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

