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R.I. DEPT. OF STATE

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State of Rhode Island and Providence Plantations

**Department of State - Business Services Division** 

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## **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 office in the State of Rhode Island:			
	2. Exact Name of the Limited Liability Company		
001697661	Rhody Clean	ing Services	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Addres: 495 Broad St			
city Town Umberland		State RHODE ISLAND	zip 02864
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box)			
29 Victoria Ave			
City/Town Cranston		RHODE ISLAND	Zip 0292-6
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
lesus (WO			03-13-2020
Signature of Authorized Person of the Limited Liability Company			
House Occument 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 FILEDTA

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FORM 642A - Revised: 06/2016

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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:

March 13, 2020 11:42 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

