



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

RECEIVED  
 RI. DEPT. OF STATE  
 BUS SVCS DIV  
 2020 JUN 26 AM 11:18

**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 <b>001676242</b>	2. Exact Name of the Limited Liability Company <b>Smooth Sailing LLC</b>
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 <b>1062 Dunn Town Rd. <del>P.O. Box 1060</del></b>	
City/Town <b>New Shoreham</b>	State <b>RHODE ISLAND</b> Zip <b>02807</b>
4. The address of the <b>NEW</b> resident office is:	
Street Address (NOT a P.O. Box) <b>1062 Dunn Town Rd. P.O. Box 1060</b>	
City/Town <b>New Shoreham</b>	State <b>RHODE ISLAND</b> Zip <b>02807</b>
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 <b>Mark Peterson</b>	Date <b>6-26-20</b>
Signature of Authorized Person of the Limited Liability Company <b>SIGN DOCUMENT HERE</b>	

**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** ✓  
**JUN 26 2020**  
 BY Qu QPS9M  
 11:19



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

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:

June 26, 2020 11:19 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

