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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

2020 JUN 30 5PM 2: 21

following statement for the purpose of changing	undersigned limited liability company submits the g its resident office in the State of Rhode Island:	<u>-</u>
Entity ID Number Exact Name	2. Exact Name of the Limited Liability Company	
1694619 Favor's Driving School 2LC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 105 Burnett Street. Apt. 1 City/Town Providence State RHODE ISLAND Zip D2907		
Providence	State RHODE ISLAND Zip D790	7
4. The address of the NEW resident office is:		
Street Address (NOT a P.O. Box) 742 Potter Ave		
City/Town Providence	State RHODE ISLAND ZIP GO	7
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 Liab	bility Company Date	_
Favor's Driving School LLC		20
Signature of Authorized Person of the Limited Liability Company		
THERE		

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 30 2020

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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:

June 30, 2020 02:21 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

