



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

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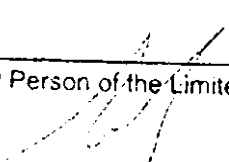
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**Statement of Change of Office**

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL 7.12-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident office in the State of Rhode Island:

1. Entry ID Number <b>1680512</b>		2. Exact Name of the Limited Liability Company <b>Restaurant Equipment Delivery Co., 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>277 Howard Avenue</b>			
City/Town <b>Hope</b>		State <b>RHODE ISLAND</b>	Zip <b>02831</b>
4. The address of the <b>NEW</b> resident office is: Street Address (NOT a P.O. Box) <b>77 Sylvan Way</b>			
City/Town <b>Kingston</b>		State <b>RHODE ISLAND</b>	Zip <b>02881</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)			
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 <b>Walter Richard</b>			Date <b>07/30/2020</b>
Signature of Authorized Person of the Limited Liability Company  SIGN DOCUMENT HERE			

**FILED**

**JUL 30 2020**

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**8:46**

MAIL TO:

Division of Business Services

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