



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

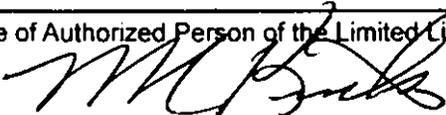
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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2020 AUG -4 AM 10:40

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 **ONLY** in the State of Rhode

| | | | |
|---|------------------------------|--|--|
| 1. Entity ID Number - 156754 | | 2. Exact Name of the Limited Liability Company Blount Prudence Preserve, LLC | |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address 155 South Main Street, Suite 304 | | | |
| City/Town Providence | State RHODE ISLAND | Zip 02903 | |
| 4. The address of the NEW resident office is: | | | |
| Street Address (<u>NOT</u> a P.O. Box) 155 South Main Street, Suite 203 | | | |
| City/Town Providence | State RHODE ISLAND | Zip 02903 | |
| 5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY | | | |
| <input checked="" type="checkbox"/> Date received (Upon filing) | | | |
| <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____ | | | |
| <i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Office 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 Ralph M. Kinder | | Date 6-30-20 | |
| Signature of Authorized Person of the Limited Liability Company  SIGN DOCUMENT 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

FILED
 AUG 04 2020
 BY A.A. 10:40AM



State of Rhode Island
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,
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:

August 04, 2020 10:40 AM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

