

Ch. # 104 Bank New York  
2019 filing 8/6/20 \$ 75.00



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

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>000097141</b>		2. Exact Name of the Limited Liability Company <b>MORRIS JONES, LLC</b>	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <b>167 Indian Trail</b>			
City/Town <b>Saunderstown</b>	State <b>RHODE ISLAND</b>	Zip <b>02874</b>	
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) <b>48 Indian Trail</b>			
City/Town <b>Saunderstown</b>	State <b>RHODE ISLAND</b>	Zip <b>02874</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) - <b>I think don't know how to answer?</b>			
<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>Michael R Mulvaney Jr</b>			Date <b>8/6/20</b>
Signature of Authorized Person of the Limited Liability Company <i>[Signature]</i> SIGN DOCUMENT HERE			

**FILED**

**AUG 20 2020**

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Please Use this Format  
For Mailings

MAIL TO:  
Division of Business Services  
148 W River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

48 Indian Trail  
Saunderstown RI  
02874-2483



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 20, 2020 02:32 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

