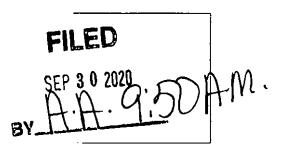
Statement of Change of Office Statement of Change of Office DOMESTIC or FOREIGN Limited Liability Company Statement for FOREIGN Limited Liability Company → No Filing Fee Statement for the purpose of changing its resident office ONLY in the State of Rhode Pursuant to the provisions of RIGL 7_16_11 the undersigned limited liability company submits the following statement for the purpose of changing its resident office ONLY in the State of Rhode State 1. Entity ID Number 2 Exact Name of the Limited Liability Company State 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address Street Address I GL Weshing for Ave City/Town Provid ence State RHODE ISLAND Zip City/Town I GO Box I GO Weshing for Ave # J City/Town I GO Weshing for Ave # J City/Town I GO Box I GO Weshing for Ave # J City/Town I GO Box I GO Weshing for Ave # J City/Town I GO Box I GO Weshing for Ave # J City/Town I GO Box I GO Weshing for Box ONLY I D	State of Rhode Island Department of State - Business Services	s Division		
1. Entry ID Number 2. Exact Name of the Limited Liability Company 1. Entry ID Number 2. Exact Name of the Limited Liability Company 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 1. Westerne of the New Festdent office is: Street Address of the NEW resident office is: Street Address (NOI a P.O. Box) 1. The address (NOI a P.O. Box) 1. The address (NOI a P.O. Box) 1. O. Weshington 2. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY X Date received (Upon filing) Later effective date (Date must be no more than 90 days from the date of filing) Under penalty of perjury, 1 declare and affirm that 1 have examined this Statement of Change of Resident Office by the Limited Liability Company, and that all statements contained herein are true and correct.	DOMESTIC or FOREIGN Limited Liability Company	30	R.I. DEPT. OF BUS SVCS	
With the state of the limits of the limit	10 is usually to the provisions of RIGE <u>7-10-11</u> the undersigned infined nativity company solutions the 1 $2 - 2$			
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 166 Weshington Ave #J	1. Entity ID Number 2. Exact Name of the Limited		LL.	
Street Address Ible Washington Ave #J				
Image: City/Town Image: City/Town State RHODE ISLAND Zip 4. The address of the NEW resident office is: State RHODE ISLAND Zip OX 05 4. The address of the NEW resident office is: Street Address (NOI a P.O. Box) ITO Washington Ave, #J City/Town ITO Washington Ave, #J J City/Town ITO Washington Ave, #J State RHODE ISLAND DJ Q Q S 5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY X Date received (Upon filing) Later effective date (Date must be no more than 90 days from the date of filing) 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.	3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Providence RHODE ISLAND OR05 4. The address of the NEW resident office is: Street Address (NOI a P.O. Box) ITO Washington Ave, #12 City/Town ITO Washington Ave, #12 Ito Washington Ave, #12 State RHODE ISLAND Ito Washington Ave, #12 City/Town RHODE ISLAND Ito Washington Ave, #12 State RHODE ISLAND Ito Washington Ave, #12 Material State Ito Washington Ave, #12 Material Ito W				
Street Address (NOI a P.O. Box) ITO Washington Ave, #J. City/Town State RHODE ISLAND Zip 0J-Q05 5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY X Date received (Upon filing) Later effective date (Date must be no more than 90 days from the date of filing) 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.	Providence			
City/Town Providence State RHODE ISLAND Zip 0)-0.05 5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY X Date received (Upon filing) Later effective date (Date must be no more than 90 days from the date of filing) 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.				
City/Town State RHODE ISLAND Zip 0 - Q 0 5 5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY X Date received (Upon filing) X Date received (Upon filing)	Street Address (NOT a PO Box) 170 Washington Ave, #2			
Date received (Upon filing) Later effective date (Date must be no more than 90 days from the date of filing) 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.	City/Town	State		
Later effective date (Date must be no more than 90 days from the date of filing)		will be effective: CHECK ONE BOX ONLY		
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.				
Name of Authorized Person of the Limited Liability Company Date				
Micholas Silverrain (1887 20				
Signature of Authorized Person of the Limited Liability Company				

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



FORM 642A - Revised: 08/2020

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:

September 30, 2020 09:50 AM

Tulli U. Hole

Nellie M. Gorbea Secretary of State

