State of Rhode Islan	nd F State - Business Services	Division			
Statement of Change of Office DOMESTIC or FOREIGN Limited Liability Company → No Filing Fee				RAL BUS SVC	
Pursuant to the provisions of RIGL <u>7-16-11</u> the undersigned limited liability company submits the following statement for the purpose of changing its resident office ONLY in the State of Rhode				AN ON	
1. Entity ID Number 000488081	2. Exact Name of the Limited Cleaveland Enterprises, LLC	2. Exact Name of the Limited Liability Company			
3. The address of the resi Street Address 70 Romano V City/Town North Kingstown	dent office as PRESENTLY shown /ineyard Way, Suite 117	State	•	ent of State:	
4. The address of the NE	N resident office is: ^{Box)} 275 West Natick Road, Suite 201	State RHODE ISLAND	Zip 02852		
City/Town Warwick		State RHODE ISLAND	Zip 02886		
Date received (Upon Later effective date (Under penalty of perjury, i	ent of Change of Resident Office w filing) Date must be no more than 90 day declare and affirm that I have exa , and that all statements contained	vs from the date of filing) mined this Statement of Chan		ent Office by the	
Name of Authorized Perso	on of the Limited Liability Company	/	Date 9/9-	1/w	

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

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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:

October 01, 2020 08:53 AM

Tulli U. Hole

Nellie M. Gorbea Secretary of State

