RI SOS Filing Number: 202061302130 Date: 10/5/2020 9:21:00 AM



Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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

2828 OCT -5 AM 9: 2	R.I. DEPT. OF STATE
$\boldsymbol{\omega}$	in

1. Entity ID Number 001672696	Exact Name of the Limited Liability Company Findlay, LLC			
3. The address of the residen	nt office as PRESENTLY shown	in the records on file with the	RI Department of State:	
Street Address 35 Powel Aven	nue			
City/Town Newport		State RHODE ISLAND	Zip 02840	
4. The address of the NEW re	esident office is:		*	
Street Address (NQT a P.O. Box) 55 Memorial Blvd., Suite 8				
City/Town Newport		State RHODE ISLAND	Zip 02840	
5. Date when this Statement	of Change of Resident Office w	vill be effective: CHECK ONE I	BOX ONLY	
✓ Date received (Upon filing)				
Later effective date (Date must be no more than 90 days from the date of filing)				
	oclare and affirm that I have exa nd that all statements contained		ge of Resident Office by the	
Name of Authorized Person of the Limited Liability Company Ellen B. King		Date September 25, 2020		
Signature of Authorized Pers	on of the Limited Liability Comp	pany		

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

FORM 642A - Revised: 08/2020

RI SOS Filing Number: 202061302130 Date: 10/5/2020 9:21:00 AM



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 05, 2020 09:21 AM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

