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State of Rhode Island

Department of State - Business Services Division

2020 NOV -6 P 3 05

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

following statement for the purpose of changing its resident of	, , ,	
Entity ID Number 2. Exact Name of the Limited		- <u></u>
000151099 Jay Hawk	LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 78 Pawtuxet Avenue		
City/Town Cranston	State RHODE ISLAND	zip 02905
4. The address of the NEW resident office is:		
Street Address (NOT a P.O. Box) 37 Trolley Lane		
City/Town Westerly	State RHODE ISLAND	zip 02891
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY		
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 exa Limited Liability Company, and that all statements contained		ge of Resident Office by the
Name of Authorized Person of the Limited Liability Company		Date
Justin I Hawkins		10-27-2020
Signature of Authorized Person of the Limited Liability Com	pany	
9+1111	1001	

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

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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:

November 06, 2020 03:05 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

