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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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R.I. DEPT. OF STATE

BUS SYCS DIV

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

2021 JAN -4 PM 2: 34

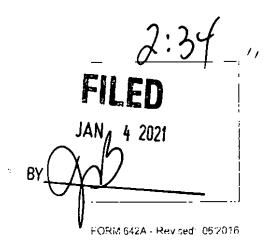
following statement for the pur			
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
162444 AFM PROPERTIES, LLC			
3. The address of the residen	t office as PRESENTLY showr	in the records on file with the	RI Department of State:
Street Address 215 Broadway			
City/Town Providence		State RHODE ISLAND	Zip 02903
4. The address of the NEW re	esident office is:		
Street Address (<u>NOT</u> a P.O. Box)			
1033 Oaklawn Avend	ne		
City/Town Cranston		RHODE ISLAND	_{Zip} 02920
5. Date when this Statement of	of Change of Resident Agent w	rill be effective: CHECK ONLY	ONE BOX
XX Date received (Upon filin	ig)		
Later effective date (Date	e must be no more than 30 day	s from the day of filing)	· · · · · · · · · · · · · · · · · · ·
	clare and affirm that I have exa d that all statements contained		ge of Resident Agent by the
Name of Authorized Person of the Limited Liability Company			Date
Kevin G. Dodd, Esq., Agent For Service			January 1, 2021
Signature of Authorized Person	on of the Limited Liability Comp 51GN DC/C	pany 。IMIENT HENE	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.scs.ri gov



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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:

January 04, 2021 02:34 PM

Nellie M. Gorbea
Secretary of State

Tulli U. Horler

