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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

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## **Statement of Change of Office**

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

2021 JAN -4 PM 2: 34

Pursuant to the provisions of R			
Entity ID Number	ing statement for the purpose of changing its resident office in the State of Rhode Island  2. Exact Name of the Limited Liability Company		
534217 S & E Properties,		, LLC	
3. The address of the resident office as PRESENTLY shown 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 resident office is:			
Street Address (NOT a P.O. Box)  1033 Oaklawn Avenue			
City/fown Cranston		RHODE ISLAND	7.ip 02920
5. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX			
Date received (Upon filing)  Later effective date (Date must be no more than 30 days from the day of filing)			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent 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
Kevin G. Dodd, Esq., Agent For Service			January 1, 2021
Signature of Authorized Person of the Limited Liability Company  SIGN DOCUMENT HERE			

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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JAN 4 2021

ORM 642A - Revised | 06/2016

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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

