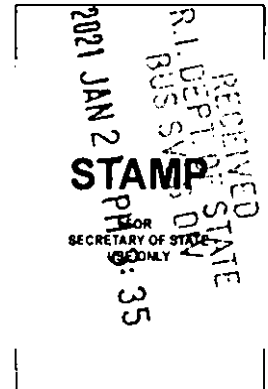




State of Rhode Island  
Department of State - Business Services Division



### Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident office **ONLY** in the State of Rhode

|                                                                                                                                                                                                                                                                                             |  |                                                                   |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------|--------------------|
| 1. Entity ID Number<br>001701645                                                                                                                                                                                                                                                            |  | 2. Exact Name of the Limited Liability Company<br>JFK Realty, LLC |                    |
| 3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>Street Address 931 JEFFERSON BLVD, SUITE 2008                                                                                                                    |  |                                                                   |                    |
| City/Town WARWICK                                                                                                                                                                                                                                                                           |  | State RHODE ISLAND                                                | Zip 02886          |
| 4. The address of the <b>NEW</b> resident office is:<br>Street Address ( <u>NOT</u> a P.O. Box) 83 VERMONT AVENUE, UNIT 4                                                                                                                                                                   |  |                                                                   |                    |
| City/Town WARWICK                                                                                                                                                                                                                                                                           |  | State RHODE ISLAND                                                | Zip 02888          |
| 5. Date when this Statement of Change of Resident Office will be effective: <b>CHECK ONE BOX ONLY</b><br><input checked="" type="checkbox"/> Date received (Upon filing)<br><input type="checkbox"/> 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 examined this Statement of Change of Resident Office by the Limited Liability Company, and that all statements contained herein are true and correct.                                                                            |  |                                                                   |                    |
| Name of Authorized Person of the Limited Liability Company<br>KEITH HUNTOON, CPA                                                                                                                                                                                                            |  |                                                                   | Date<br>01/17/2021 |
| Signature of Authorized Person of the Limited Liability Company<br>                                                                                                                                                                                                                         |  |                                                                   |                    |

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  
JAN 21 2021  
BY

3:35

STAMP

FOR  
SECRETARY OF STATE  
USE ONLY