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Department of State - Business Services Division			
Statement of Change of Office DOMESTIC or FOREIGN Limited Liability Company			R.I. DEP BUS S
→ 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 in the State of Rhode Island			
1. Entity ID Number	2. Exact Name of the Limited Liability Company MAMMOTH HOLDINGS, LLC 5		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 1978 HOPEWORTH AVE			
City/Town · BRISTOL		State RHODE ISLAND	DZ809
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 3 FRANK CT.			
City/Town WARREN		RHODE ISLAND	01885
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
MICHAEL FERREIRA			1/31/21
Signature of Authorized Person of the Limited Liability Company			
Michael Feneria ION EDCUMENTHIE			

MAJL 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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BY QUURS

FORM 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:

February 03, 2021 02:44 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

