



State of Rhode Island  
Department of State - Business Services Division

**Statement of Change of Registered Office**  
DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2021 FEB 22 P 12:24

Pursuant to the provisions of RIGL ~~7-1.2-502 or 7-1.2-1400~~ <sup>7-16</sup> the undersigned corporation submits the following statement for the purpose of changing its registered office **ONLY** in the State of Rhode Island:

|                                                                                                                                                                                   |                              |                                                                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------------------------|--|
| 1. Entity ID Number<br><b>000121687</b>                                                                                                                                           |                              | 2. Exact Name of the Corporation<br><b>KJM ENTERPRISES, LLC</b> |  |
| 3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:                                                         |                              |                                                                 |  |
| Street Address <sup>John</sup> <b>121 KESSOD LANE</b>                                                                                                                             |                              |                                                                 |  |
| City/Town<br><b>MIDDLETOWN</b>                                                                                                                                                    | State<br><b>RHODE ISLAND</b> | Zip<br><b>02842</b>                                             |  |
| 4. The address of the <b>NEW</b> registered office is:                                                                                                                            |                              |                                                                 |  |
| Street Address ( <b>NOT</b> a P.O. Box) <b>1120 AQUIDNECK AVE</b>                                                                                                                 |                              |                                                                 |  |
| City/Town<br><b>MIDDLETOWN</b>                                                                                                                                                    | State<br><b>RHODE ISLAND</b> | Zip<br><b>02842</b>                                             |  |
| 5. Date when this Statement of Change of Registered Office will be effective: <b>CHECK ONE BOX ONLY</b>                                                                           |                              |                                                                 |  |
| <input checked="" type="checkbox"/> Date received (Upon filing)                                                                                                                   |                              |                                                                 |  |
| <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____                                                                   |                              |                                                                 |  |
| 6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).                                                                         |                              |                                                                 |  |
| Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct. |                              |                                                                 |  |
| Name of the Registered Agent/Officer of the Corporation<br><b>FLYNN GROUP, INC</b>                                                                                                |                              | Date<br><b>02/22/2021</b>                                       |  |
| Signature of the Registered Agent/Officer of the Corporation<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](http://www.sos.ri.gov)

**FILED**

**FEB 22 2021**

BY



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Nellie M. Gorbea**, *Secretary of State*

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 22, 2021 12:24 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea", is written in a cursive style.

Nellie M. Gorbea  
*Secretary of State*

