RI SOS Filing Number: 202193117840 Date: 2/26/2021 12:20:00 PM 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 2005 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 2. Exact Name of the Limited Liability Company 000487779 JACOBS FAMILY LLC 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 32 BEACHWOOD DR. City/Town Zip 02818 State RHODE ISLAND E. GREENWICH 4. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 12 CEDAR RIDGE LANG City/Town Zip 028/7 State W. GRISEDWICH **RHODE ISLAND** 5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY Date received (Upon filing) 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 LEE M. JACOBS **ュースヨース**/ Signature of Authorized Person of the Limited Liability Company

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB 26 2021 BY\_CN\_ /2/20 RI SOS Filing Number: 202193117840 Date: 2/26/2021 12:20:00 PM



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 26, 2021 12:20 PM

Nellie M. Gorbea
Secretary of State

Tulli U. Horler

