RI SOS Filing Number: 202193586420 Date: 3/4/2021 2:24:00 PM



Statement of Change of Office DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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R.I. DEPT. OF STATE STAIR.

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2021 MAR -4 P 2: 24

1. Entity ID Number OO 1685985 SonCentered RealEstate, LLC 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address PO BOX 955, 461 BUXTON ST City/Town Slaters Ville State RHODE ISLAND Zip 02876 4. The address of the NEW resident office is: Street Address (NOT a P.O. Box) Lity/Town North Shith Field RHODE ISLAND Zip 02876 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.	Pursuant to the provisions of RIGL <u>7-16-11</u> the undersigned limited liability company submits the following statement for the purpose of changing its resident office ONLY in the State of Rhode			
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address PO Box 955, 461 Buxton St City/Town Slate CVille State RHODE ISLAND Zip 02876 4. The address of the NEW resident office is: Street Address (NOT a P.O. Box) H61 Buxton Street City/Town North Smith Field State RHODE ISLAND Zip 028 96 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	Entity ID Number			
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	Later effective date (Date must be no more than 90 days from the date of filing)			
Name of Authorized Person of the Limited Liability Company Date		y	Date	
Stephen C Hoyle 3/4/2021	Stephen C Hoyle		3/4/2021	
Signature of Authorized Person of the Limited Liability Company				
Stephen C Hoyle				

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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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:

March 04, 2021 02:24 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

