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**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 <b>001659845</b>	2. Exact Name of the Limited Liability Company <b>PLA Associates, LLC</b>
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Street Address <b>1006 Charles Street</b>	
City/Town <b>North Providence</b>	State <b>RHODE ISLAND</b> Zip <b>02904</b>
4. The address of the <b>NEW</b> resident office is: Street Address (NOT a P.O. Box) <b>1343 Hartford Avenue</b>	
City/Town <b>Johnston</b>	State <b>RHODE ISLAND</b> Zip <b>02919</b>
5. Date when this Statement of Change of Resident 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 90 days from the date of filing) _____	
<i>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.</i>	
Name of Authorized Person of the Limited Liability Company <b>John Ledoux</b>	Date <b>3/1/2021</b>
Signature of Authorized Person of the Limited Liability Company <span style="float: right; margin-left: 100px;">SIGN DOCUMENT HERE</span>	

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.n.gov

**FILED**  
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 RY A.A. 2:23pm