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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 <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

REPUSSING STATES

Entity ID Number 2. Exact Name of the Limited Liability Company			
1697561—	MP Proper	The Develop	unf, LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 12/ Annherst Auc			
City/Town Pautticket		State RHODE ISLAND	02860
4. The aduress of the NEW resident office is:			
Street Address (NOT a P.O. Box) 3 Mckenze Dr.			
City/Town pa dut		State RHODE ISLAND	Zip 08814
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	of the Limited Liability Company	<i></i>	Date
Maura Bro			03-08-87
Signature of Authorized Person of the Limited Liability Company			
* FRIGHT N			

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 1 2 2021

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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 12, 2021 12:31 PM

Nellie M. Gorbea Secretary of State

Tullin U. Horler

