RI SOS Filing Number: 202194983660 Date: 3/25/2021 12:56:00 PM

State of Rhode Isla Department of	end of State - Business Services	S Division		
Statement of Cha	I nge of Office IGN Limited Liability Compar	ıv	20	
→ No Filing Fee			R.I. DEP BUS 2021 MAR (
	of RIGL <u>7-16-11</u> the undersigned less purpose of changing its resident of		ode CCC	
Entity ID Number	2. Exact Name of the Limited	2. Exact Name of the Limited Liability Company		
000117960	MOORE BLOOMS, LLC	I a second and the se		
3. The address of the res	ident office as PRESENTLY shown	in the records on file with the	RI Department of State:	
Street Address 35 POWEL			·	
City/Town NEWPORT		State RHODE ISLAND	Zip 02840	
4. The address of the NE		······································	<u> </u>	
Street Address (<u>NOT</u> a P.O.	Box) 55 MEMORIAL BLVD, STE. 8	-		
City/Town NEWPORT		State RHODE ISLAND	Zip 02840	
5. Date when this Statem	ent of Change of Resident Office w	vill be effective: CHECK ONE	BOX ONLY	
✓ Date received (Upor	n filing)			
Later effective date	(Date must be no more than 90 day	ys from the date of filing)		
Under penalty of perjury, Limited Liability Company	I declare and affirm that I have exa y, and that all statements contained	mined this Statement of Chan I herein are true and correct.	ge of Resident Office by the	
Name of Authorized Pers	on of the Limited Liability Company	1	Date	
NANCY MOORE			3/19/21	
Signature of Authorized P	Person of the Limited Liability Comp	oanv		

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 **Phone:** (401) 222-3040

Manay Mode

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 25, 2021 12:56 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

