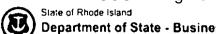
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Department of State - Business Services Division

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

 \rightarrow No F ling Fee

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited hability company submits the		
following statement for the purpose of changing its resident office ONLY in the State of River NAY 2 - P 12: 11 -		
1 Entity ID Number 2. Exact Name of the Limited Liability Company		
00/69/16/ WEST BAY DESIGN LLC		
3 The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address DEBRA DRIVE		
CHYTOWN AROLINA	State RHODE ISLAND	Zip 0 28/2
4. The address of the NEW resident office is:		
Street Acdress (NOT a PO Box) 7 DEBRA DRIVE		
CITYTOWN AROLINA	RHODE ISLAND	02812
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 Stalement 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 VIA CENT C MEYER	2	Date 4 20 121
Signature of Authorized Person of the Limited Liability Company Ward Meyer		
U		

FILED

MAY 2 1 2021

MAIL TO:

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

FORM 642A - Revised - 08,2020

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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:

May 21, 2021 12:11 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

