



State of Rhode Island
Department of State - Business Services Division

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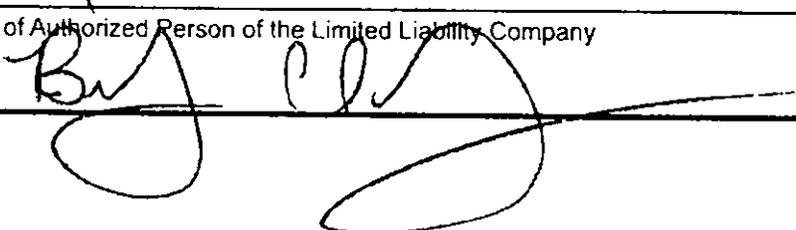
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Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL 7-16-1, 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 001680741		2. Exact Name of the Limited Liability Company BRYANT REAL ESTATE GROUP, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address C/O RE/MAX FLAGSHIP, 140 POINT JUDITH ROAD, SUITE 23			
City/Town NARRAGANSETT	State RHODE ISLAND	Zip 02882	
4. The address of the NEW resident office is:			
Street Address (NOI a P.O. Box) 14 DAY LILY CIRCLE			
City/Town WAKEFIELD	State RHODE ISLAND	Zip 02879	
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY			
<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 Bryant C. Da Cruz		Date 6/22/2021	
Signature of Authorized Person of the Limited Liability Company 			

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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