State of Rhode Island
Department of State - Business Services Division

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BUS SVCS DIV
2021 JUL 29 PM 12:33

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	2. Exact Name of the Limited Liability Company
1715691	Myelinated Solutions LLC

3. The address of the resident office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address			
189 Governor Street #202			
City/Town: Providence	State: **RHODE ISLAND**	Zip: 02906	

4. The address of the **NEW** resident office is:

Street Address (NOT a P.O. Box)		
11 South Angell Street #371		
City/Town: Providence	State: **RHODE ISLAND**	Zip: 02906

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 the Limited Liability Company	Date
Juan E. Rosario Jr. M.A.	07/24/2021

Signature of Authorized Person of the Limited Liability Company

Juan Rosario

12:33

FILED

JUL 29 2021

BY

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