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R.I. DEPT. OF STATE BUS SYCS DIV STAN

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Entity ID Number	purpose of changing its resident of			
•		2. Exact Name of the Limited Liability Company		
000528397	BLISS LIMITED L	BLISS LIMITED LIABILITY COMPANY		
	dent office as PRESENTLY shows	n in the records on file with the	RI Department of State	
Street Address 155 South	Main Street, Suite 203			
City/Town Providence		State RHODE ISLAND	Z _{IP} 02903	
4. The address of the NEV				
	Box) 300 Metro Center Boulevard	d, Suite 150A	-	
City/Town Warwick		State RHODE ISLAND	Z ^{ip} 02886	
5. Date when this Statement	ent of Change of Resident Office v	will be effective: CHECK ONE	BOX ONLY	
✓ Date received (Upon	filing)			
Later effective date (Date must be no more than 90 da	ys from the date of filing)		
Under penalty of perjury, I Limited Liability Company	l declare and affirm that I have exa , and that all statements contained	amined this Statement of Chan d herein are true and correct.	ige of Resident Office by the	
Name of Authorized Person of the Limited Liability Company		iy	Date	
Ralph M. Kinder			7-26-21	
Signature of Authorized P	erson of the Limited Liability Comp	pany		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov SEP 09 2021 BY H. H. M. RI SOS Filing Number: 202101135320 Date: 9/9/2021 9:21:00 AM



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:

September 09, 2021 09:21 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

