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## **Statement of Change of Office**

DOMESTIC or FOREIGN Limited Liability Company

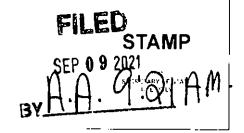
→ No Filing Fee

•	of RIGL $7-16-11$ the undersigned lime purpose of changing its resident office purpose of changing its resident of the purpose of the purpos		· ·	
1. Entity ID Number	2. Exact Name of the Limited Li	2. Exact Name of the Limited Liability Company		
000128398	MAD ENTERPRISES, LLC			
3. The address of the res	ident office as PRESENTLY shown in	n the records on file with the	RI Department of State:	
Street Address 155 South	Main Street, Suite 203			
City/Town Providence	s	RHODE ISLAND	<sup>Zip</sup> <b>02903</b>	
4. The address of the NE	W resident office is:			
Street Address ( <u>NOT</u> a P.O	Box) 300 Metro Center Boulevard,	Suite 150A	•	
City/Town Warwick	s	RHODE ISLAND	<sup>Zip</sup> 02886	
5. Date when this Statem	ent of Change of Resident Office will	be effective. CHECK ONE	BOX ONLY	
Date received (Upor	ı filing)			
Later effective date (Date must be no more than 90 days from the date of filing)				
	I declare and affirm that I have exam y, and that all statements contained h		ge of Resident Office by the	
Name of Authorized Person of the Limited Liability Company			Date	
Ralph M. Kinder			7-26-21	
Signature of Authorized F	Person of the Limited Liability Compar	ny		

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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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

