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Department of State - Business Services Division

2021 SEP 24 P 12: 00

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

STAMP

Pursuant to the provisions of RIGL <u>7-16-11</u> the undersigned limited liability company submits the		
following statement for the purpose of changing its resident office ONLY in the State of Rhode		
Entity ID Number 2. Exact Name of the Limited Liability Company		
1691511 Roy Exclusive LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State		
Street Address 30 Howard Avenue		
City/Town Circunston	State RHODE ISLAND	Zip 62920
4. The address of the NEW resident office is:		
Street Address (NOT a P.O. Box) 16 a Broad St. Apt 44		
City/Town Providence	RHODE ISLAND	Zip 02903
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
Roy Gebler		
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 SEP 2 4 2021 STAR

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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 24, 2021 10:32 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

