

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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

ioliowing statement for the pur	pose of changing its resident of	Tille State of Mile	vue .
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
000794772	Yoga Concepts, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 39 Sachem Drive, #210			
City/Town Cranston		State RHODE ISLAND	^{Zip} 02920
4. The address of the NEW resident office is:			
Street Address (NOT a PO. Box) 32 Middleberry Lane			
City/Town East Greenwich		State RHODE ISLAND	^{Zip} 02818
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
Mary Ann Nassa			April 14, 2022
Signature of Authorized Person of the Limited Liability Company Mary Ann Masso			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED STAMP

APR 1 8 2022 A.A. 3.14pm.