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- 2022 APR 25 P 2: 41

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

STAMP

FOR SECHETARY OF STAT USE ONLY

following statement for the pur			
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
001716682	34-36 Eaton LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 34 Eaton St			
City/Town Providence		State RHODE ISLAND	^{Zip} 02908
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 168 Eaton St			
City/Town Providence		State RHODE ISLAND	^{Zip} 02908
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY			
Later effective date (Date must be no more than 90 days from the date of filing)			
Under penalty of perjury, I dec Limited Liability Company, an	clare and affirm that I have exa d that all statements contained	mined this Statement of Chan herein are true and correct.	ge of Resident Office by the
Name of Authorized Person of the Limited Liability Company			Date
Austin Brooks			04/25/2022
Signature of Authorized Person	on 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

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FORM 642A - Revised: 12/2021

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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:

April 25, 2022 02:43 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

