State of Rhode Island
Department of State - Business Services Division

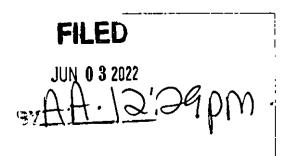# Statement of Change of Office
DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL 7.13.11 the undersigned limited liability company submits the following statement for the purpose of changing its resident office **ONLY** in the State of Rhode

1. Entity ID Number	2 Exact Name of the Limited Liability Company
001720103	Code 1 Training Solutions. LLC

3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:

Street Address 383 WEST FOUNTAIN STREET. SUITE 118

City/Town Providence	State **RHODE ISLAND**	Zip 02903

4. The address of the NEW resident office is:

Street Address (NOT a P.O. Box) 17 Piezzo Drive

City/Town Westerly	State **RHODE ISLAND**	Zip 02891

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
Richard Shok	5/01/2022

Signature of Authorized Person of the Limited Liability Company

RECEIVED
R.I. DEPT OF STATE
BUS SVCS DIV
2022 JUN -3 PM 12: 29

FILED

JUN 0 3 2022

BY AA 12:29pm

State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

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:

June 03, 2022 12:29 PM

Nellie M. Gorbea
Secretary of State