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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 001720103	2. Exact Name of the Limited Liability Company Code I 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	
<input checked="" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
<i>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.</i>	
Name of Authorized Person of the Limited Liability Company Richard Shok	Date 5/01/2022
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

FILED

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