

Statement of Change of Registered Office DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

Pursuant to the provisions of RIGL <u>7-1:2-502</u> or <u>7-1:2-1409</u> the undersigned corporation submits the following statement for the purpose of changing its registered office ONLY in the State of Rhode Island:

| 1 Entity ID Number | Exact Name of the Corpora | 2. Exact Name of the Corporation LLC | | |
|---|---|--------------------------------------|---------------------------------|--|
| 000530488 | Sparkirb LLC | | | |
| 3. The address of the reg | istered office as PRESENTLY show | wn in the records on file with th | ne RI Department of State: | |
| Street Address 57 Tower | Street | | | |
| City/Town Westerly | | State RHODE ISLAND | ^{Z_{ip}} 02891 | |
| 4. The address of the NEW registered office is: | | | | |
| Street Address (NOT a PO Box) 12 Wicklow Rd | | | | |
| City/Town Westerly | | State RHODE ISLAND | ^{Z_{ip}} 02891 | |
| 5. Date when this Statement of Change of Registered Office will be effective. CHECK ONE BOX ONLY | | | | |
| ✓ Date received (Upon filing) | | | | |
| Later effective date (Date must be no more than 30 days from the date of filing) | | | | |
| 6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement) | | | | |
| Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct. | | | | |
| Name of the Registered Agent/Officer of the Co rporatio n | | | Date | |
| Mark Lacz | | ~ | 9/22/22 | |
| Signature of the Registered Agent/Officer of the Corporation LLC | | | | |

MAIL TO:

Division of Business Services

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

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

SEP 26 2022

FORM 640A - Revised 12/2021