



State of Rhode Island /

Department of State - Business Services Division

Statement of Change of Manager's Address

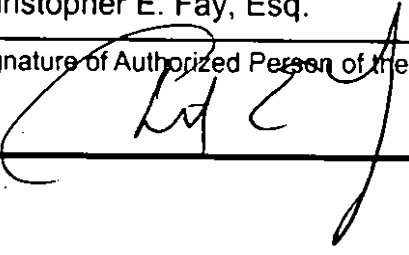
DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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R.I. DEPT. OF STATE
BUS SVCS DIV.

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Pursuant to the provisions of RIGL 7-16 the undersigned limited liability company submits the following statement for the purpose of changing its manager's address **ONLY**. This form cannot be used to change the name of the manager of a limited liability company.

1. Entity ID Number 151465		2. Exact Name of the Limited Liability Company Karis II LLC	
3. The name and address of the manager as PRESENTLY shown in the records on file with the RI Department of State:			
Name of Manager Christopher E Fay, Esq.			
Street Address 917 Reservoir Avenue			
City/Town Cranston		State RI	Zip 02910
4. The NEW address of the manager is:			
Street Address 445 Reservoir Avenue			
City/Town Cranston		State RI	Zip 02910
5. Date when this Statement of Change of Manager's Address 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 Manager's Address by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company Christopher E. Fay, Esq.			Date 11/14/22
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**

NOV 16 2022

BY 