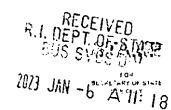


Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee



following statement for the purpose of characteristics.			
	Name of the Limited I		
000910216 P	riority C	arters, LLC	
3. The address of the resident office as I	PRESENTLY shown	in the records on file with the	RI Department of State:
Street Address 70 6-ladys	Drive		
City/Town North Kingstown		State RHODE ISLAND	Zip 02852
4. The address of the NEW resident office			
Street Address (NOT a P.O. Box) 140	Jerry La	ne	
City/Town N. Kingstown	Jerry La	RHODE ISLAND	ZIP 02852
5. Date when this Statement of Change	of Resident Office wi	II be effective: CHECK ONE	BOX ONLY
Date received (Upon filing)			
Later effective date (Date must be r	no more than 90 day:	s from the date of filing)	
Under penalty of perjury, I declare and a Limited Liability Company, and that all st	ffirm that I have exar tatements 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			
Richard	J. Beli	lavare(1/6/2023
Signature of Authorized Person of the Lin	mited Liability Compa	any	•
//_/		$\langle \rangle$	
	///		

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

STA: AP

JAN 0 6 2023

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