RI SOS Filing Number: 202328845440 Date: 2/20/2023 10:47:00 AM



Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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2023 FEB 20 A ID: 47

Pursuant to the provisions of RIGL <u>7-16-11</u> the undersigned limited liability company submits the following statement for the purpose of changing its resident office **ONLY** in the State of Rhode

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1 Entity ID Number 0001666706	Exact Name of the Limited Liability Company Virtual Estimating, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 398 George			
City/TownJohnston		State RHODE ISLAND	Zip 02919
4. The address of the NEW resident office is			
Street Address (NOT a P.O. Box) 715 Hope Street			
City/Town Providence		State RHODE ISLAND	Zip 02906
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 Michael English	of the Limited Liability Company	,	Date 2/20/2023
Signature of Authorized Person	on of the Limited Liability Comp	pany	

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 **Website:** www.sos.ri.gov

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I, GREGG M. AMORE, 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:

February 20, 2023 10:47 AM

Gregg M. Amore Secretary of State

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