



State of Rhode Island

Department of State - Business Services Division

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

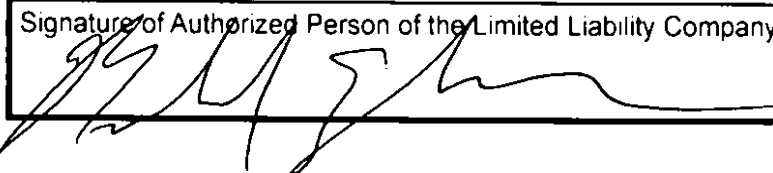
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Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident office **ONLY** in the State of Rhode

1. Entity ID Number 0001666706	2. Exact Name of the Limited Liability Company Virtual Estimating, LLC	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Street Address 398 George Waterman Rd		
City/Town Johnston	State <b>RHODE ISLAND</b>	Zip 02919
4. The address of the <b>NEW</b> resident office is: Street Address ( <u>NOT</u> a P.O. Box) 715 Hope Street		
City/Town Providence	State <b>RHODE ISLAND</b>	Zip 02906
5. Date when this Statement of Change of Resident Office will be effective: <b>CHECK ONE BOX ONLY</b> <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 Michael English		Date 2/20/2023
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](http://www.sos.ri.gov)

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