

- MOEIVED R.I. GEPT, OF STATE BUS SYOS DIV

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

2023 FEB 23 PM 2: 30

following statement for the pur	pose of changing its resident o	, , ,	
Entity ID Number 2. Exact Name of the Limited L		Liability Company	
000 951951 Sun TAN R		leasty LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address PAYL AM STE2			
City/Town Crpy Stan		State RHODE ISLAND	Zip 02910
4. The address of the NEW resident office is:			
Street Address (NOT a PO. Box) 143 HOFFMAN AVE UNIT 404			
CIPUSTON		State RHODE ISLAND	2ip 02920
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 the Limited Liability Company			Date
Brad Rugaleri			2/15/2-3
Signature of Authorized Person of the Limited Liability Company			
Mu			

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

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