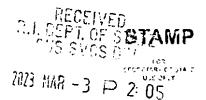


## Statement of Change of Office DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee



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		
1. Entity ID Number 2. Exact Name of the Limited Liability Company,		
000503389 Graces &	Property Investmen	_
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 380 Sunset Ave, - Unit 2		
City/Town Providence	State RHODE ISLAND Zip 0 2904	
4. The address of the NEW resident office is:		
Street Address (NOT a P.O. Box)	Justice St	
City/Town Prov	State RHODE ISLAND Zip 2911	
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	y Date	
Bukky OLukogg	3-3-2	23
Signature of Authorized Person of the Limited Liability/Company		
Jaley ( hulage		
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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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FORM 642A - Revised: 12/2021