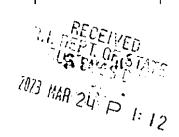


Statement of Change of Office

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 <i>ONLY</i> in the State of Rhode			
Entity ID Number 2. Exact Name of the Limited Liability Company			
00/659265 Seaflower Property Group, LLC			
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address III Medway St			
City/Town Provide	ence	State RHODE ISLAND	O2906
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 11 South Angell St # 421 City/Town State RHODE ISLAND Zip 62906			
City/Town Promid	ence	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 the Limited Liability Company Hmy Pavia - Zawa Cki Date 3/24/23			
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 1:12

FILED

MAR 2'4 2023'