



RECEIVED
 R.I. DEPT. OF STATE
 2023 MAR 26 4:25

Statement of Change of Office
 DOMESTIC or FOREIGN Limited Liability Company
 → No Filing Fee

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 001714990 | | 2. Exact Name of the Limited Liability Company MIKOMAS TRANSPORTATION LLC | |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address 64 GREENE ST | | | |
| City/Town PAWTUCKET R.I. 02860 | | State RHODE ISLAND | Zip 02860 |
| 4. The address of the NEW resident office is: | | | |
| Street Address (NOT a P.O. Box) 34 INGLESIDE AVE | | | |
| City/Town CRANSTON | | State RHODE ISLAND | Zip 02905 |
| 5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY | | | |
| <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 AKOMOKAFE | | | 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

FILED
 STAMP
 MAR 24 2023
 2:25 BY ML M4852