RI SOS Filing Number: 202332017200 Date: 3/30/2023 9:28:00 AM



RECEIVED

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

2023 HAR 30 A 9 28

Pursuant to the provisions of F following statement for the pur	RIGL <u>7-16-11</u> the undersigned I pose of changing its resident o		
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
001741550	11550 54 HIGHLAND LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 54 HIGHLAND St			
City/Town C/CL/NSTON		State RHODE ISLAND	02920
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 14 ANITA Rd			
City/Town John STON		RHODE ISLAND	^{Zip} 02919
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
John Philip Gavin Brown			3/30/2023
Signature of Authorized Person of the Limited Liability-Company			
Ahr thisp Lan Bour			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR **3 0** 2023 - 7 BY 70 KUE RI SOS Filing Number: 202332017200 Date: 3/30/2023 9:28:00 AM



I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

March 30, 2023 09:28 AM

Gregg M. Amore Secretary of State

Treg M. Coure

