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## RECEIVED THE DEPT. OF STATE Statement of Change of Office DOMESTIC or FOREIGN Limited Liability Company

2023 APR - 4 4 P. 33: 5-1

→ 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 2. Exact Name of the Limited Liability Company 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State. Street Address State City/Town Zıp RHODE ISLAND 4. The address of the NEW resident office is Street Address (NOT a P.O. Box) City/Town Zip RHÖDE ISLAND 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 Signature of Authorized Person 69 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 APR 0.4 2023-100 A\
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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:

April 04, 2023 03:54 PM

Gregg M. Amore

Secretary of State

Treg M. Coure

