



RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIVISION

2023 APR - 4 PM 3:51

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 1723194		2. Exact Name of the Limited Liability Company SKYAR Holdings LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 185 Washington St			
City/Town Central Falls		State RHODE ISLAND	Zip 02863
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 185 Washington St REAR			
City/Town Central Falls		State RHODE ISLAND	Zip 02863
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) _____			
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 Julienn Jaiman			Date 4/4/23
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
 APR 04 2023
 BY ML GIMMAI
 3.54