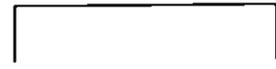




State of Rhode Island

Department of State - Business Services Division



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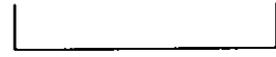
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STATE OF RHODE ISLAND
USE ONLY

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 001728810		2. Exact Name of the Limited Liability Company MADE IN PUERTO RICO LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 169 MANTON AVE			
City/Town PROVIDENCE	State RHODE ISLAND	Zip 02909	
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 547 CLINTON STREET APT 402			
City/Town WOONSOCKET	State RHODE ISLAND	Zip 02895-3229	
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY			
<input 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 JESSICA EDWARDS		Date 04/03/2023	
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 1:28

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