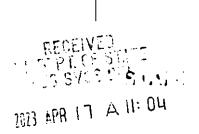


## Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee



following statement for the purpose of changing its resident office <i>ONLY</i> in the State of Rhode			
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
001708601	708601 JUAPainling and Remodeling LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 198 RobinSon Ave			
City/Town Pow tucket		State RHODE ISLAND	02861.
4. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) 8 Power Rd 2 Floor			
cityTown Paw tocket		RHODE ISLAND	2ip 02860
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	
Vivian Barahona			04-17-23.
Signature of Authorized Person of the Limited Liability Company			
near-			

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

FORM 642A - Revised 12/2021