

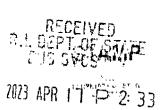
State of Rhode Island

Department of State - Business Services Division

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee



Pursuant to the provisions of RIGL <u>7-16-11</u> the undersigned limited liability company submits the following statement for the purpose of changing its resident office <i>ONLY</i> in the State of Rhode		
Entity ID Number 2. Exact Name of the Limited Liability Company		
1684060 : Assimilate	Clatoing LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address Street Address Street Address Street Address		
,City/Town	State RHODE ISLAND	Zip COPUS
CONTRU FAILS		OLUR -
4. The address of the NEW resident office is:		
Street Address (NOT a P.O. Box)		
City/Town Providence	RHODE ISLAND	zip02909
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 Compan		Date
Royatio C. Irvinc		04.17.23
Signature of Authorized Person of the Limited Liability Company		
Danis de l'		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 2:33 BY M

APR 17 2023

RI SOS Filing Number: 202333126820 Date: 4/17/2023 2:33:00 PM



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 17, 2023 02:33 PM

Gregg M. Amore

Secretary of State

Tregs M. Coure

