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## 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

ollowing statement for the purp	pose of changing its resident o	ffice ONLY in the State of Rho	ode Control
Entity ID Number	2. Exact Name of the Limited Liability Company		
001726953	SEA HORSE IMPORTS, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the Rt Department of State:			
Street Address 6 WASHINGTON STREET, APT 2			
City/Town BRISTOL		State RHODE ISLAND	<sup>Zip</sup> 02809-2411
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 46 CHAPPEL PLACE LANE			
City/Town EXETER		RHODE ISLAND	<sup>Zip</sup> 02822-2408
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)			
	clare and affirm that I have exa d that all statements contained		ge of Resident Office by the
Name of Authorized Person of the Limited Liability Company			Date
NORA HARRIS BIGELOW			03/22/23
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

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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:

May 01, 2023 04:07 PM

Gregg M. Amore

Secretary of State

Treg M. Coure

