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## Statement of Change of Office DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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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			
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
001755963	Alexandra R	Lentrals LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 737 Ado	te I nin	Rt Prov	714
City/Town Provincence		State RHODE ISLAND	02908
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box)  24 Codies St Unit #41620			
City/Town Provindence		RHODE ISLAND	<sup>Zip</sup> 02940
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
Elgin Brown			5/3/23
Signature of Authorized Person of the Limited Liability Company			
E Brown			

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAY 0 8 2023
BY\_\_\_\_\_

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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 03, 2023 12:31 PM

Gregg M. Amore Secretary of State

Treg M. Coure

