RI SOS Filing Number: 202335458370 Date: 5/9/2023 11:36:00 AM



State of Rhode Island

Department of State - Business Services Division

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the

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STAMP

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Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

1. Entity ID Number	2. Exact Name of the Limited	Liability Company	
1714405 GOODE DESIGN		DE DESIGN LL	\mathcal{C}
3. The address of the resident	dent office as PRESENTLY show	n in the records on file with the	RI Department of State:
Street Address 262 BR	own Street		
City/Town PROVIDENCE		State RHODE ISLAND	Zip () 290 ()
4. The address of the NEV	N resident office is:		
Street Address (NOT a P.O. I PARK RO	Box) W, STE 2A		
City/Town PROUIDENCE		State RHODE ISLAND	Zip 02903
5. Date when this Stateme	ent 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 da	ys from the date of filing)	
	declare and affirm that I have ex and that all statements containe		ge of Resident Office by the
_	on of the Limited Liability Compar	y	Date
Courtney	Goode		05/09/2023
Signature of Authorized Po	erson of the Limited Liability Com	pany	
	- Ml		
) .		

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 09, 2023 11:36 AM

Gregg M. Amore Secretary of State

Treg M. Coure

