

State of Rhode Island Department of State - Business Services Division

## Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

 $\rightarrow$  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 **ONLY** in the State of Rhode Island:

1. Entity ID Number	2. Exact Name of the Limited		<u> </u>
1694619	Favors D	riving sch	1001 LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 105 Burnett St Alpt 1			
City/Town Provid	enct	State RHODE ISLAND	<sup>zip</sup> 02907
4. The address of the NEW resident office is:			
Street Address (NOI a P.O. Box) 27 Gilmore St Apt 2			
City/Town Provide	nce	State RHODE ISLAND	<sup>Zip</sup> 02907
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			
Edwin T. Kortu			8/17/23
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

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State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

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:

August 17, 2023 01:49 PM

Treng M. Course

Gregg M. Amore Secretary of State

