RI SOS Filing Number: 202342047150 Date: 10/4/2023 1:21:00 PM



## State of Rhode Island Department of State - Business Services Division

## RECEIVED R.I. DEPT. OF STATE BUS SYCS RIMAMP

## Statement of Change of Office

**DOMESTIC** or FOREIGN Limited Liability Company

→ No Filing Fee

2023 OCT -4 P 1:19 m

	RIGL <u>7-16-11</u> the undersigned rpose of changing its resident o		
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
001670783	Shahid 3 LLC		
3. The address of the resider	nt office as PRESENTLY show	n in the records on file with the	RI Department of State:
Street Address 139 LEGRIS	SAVENUE		
City/Town WEST WARWICK		State RHODE ISLAND	<sup>Zip</sup> 02893
4. The address of the NEW r	esident office is:	<u> </u>	· · · · · · · · · · · · · · · · · · ·
Street Address (NOT a P.O. Box	"C HOIST	$\subset \mathcal{T}$	
City/Town Way Wick		State RHODE ISLAND	zip 02886
5. Date when this Statement	of Change of Resident Office v	will be effective: CHECK ONE	BOX ONLY
✓ Date received (Upon fili	ng)		
Later effective date (Da	te must be no more than 90 da	ys from the date of filing)	
	eclare and affirm that I have exe nd that all statements contained		nge of Resident Office by the
Name of Authorized Person of the Limited Liability Company			Date
MUHAMMAD SHAHID			10/04/2023
Signature of Authorized Pers	son of the Limited Liability Com	pany	

**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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BY LKS 50 PW8

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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:

October 04, 2023 01:21 PM

Gregg M. Amore

Secretary of State

Tregs M. Coure

