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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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 $\Gamma^{*}(x,y) \in \Gamma$

Statement of Change of Office
DOMESTIC or FOREIGN Limited Liab

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

2023 OCT 23 A 10: 45

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident office in the State of Rhode Island:			
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
1743933	Rise N Shine Maids LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 593 Snake Hill Road			
City/Town North Scituate		State RHODE ISLAND	^{Zip} 02857
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 173 Weeden Street			
City/Town Pawtucket		State RHODE ISLAND	Zip 02860
5. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX			
Later effective date (Date must be no more than 30 days from the day of filing)			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent 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
Jenna Croisetiere			10/19/2023
Signature of Authorized Person of the Limited Liability Company			
SIGN DOCUMENT HERE			

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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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 23, 2023 10:45 AM

Gregg M. Amore Secretary of State

Tregs M. Coure

