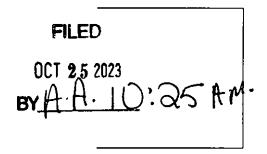
State of Rhode Island Department of State - Business Services	s Division	
Statement of Change of Office DOMESTIC or FOREIGN Limited Liability CompanyRECEIVED R.I. DEPT. OF STATE BUS SVCS DIV \rightarrow No Filing Fee2013 OCT 25 A ID: 22Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the 		
1. Entity ID Number 2. Exact Name of the Limited Liability Company		
001697622 PUBIC LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address q Wet Sm St. pp1,2 27 Sims Ave		
City/Town Providence	State RHODE ISLAND	Zip 02.909
4. The address of the NEW resident office is:		
Street Address (NOT a P.O. Box) 9 Meiissa St. Apt. 2		
City/Town Providerule	State RHODE ISLAND	Zip 02909
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 10/25/23
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



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:

October 25, 2023 10:25 AM

Treng M. Course

Gregg M. Amore Secretary of State

