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State of Rhode Island  
Department of State - Business Services Division

**Statement of Change of Office**

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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 **ONLY** in the State of Rhode Island:

|   |   |                     |                           |
|---|---|---------------------|---------------------------|
| 1. Entity ID Number<br><b>000883771</b>   | 2. Exact Name of the Limited Liability Company<br><b>Oakley Holdings, LLC</b> |                     |                           |
| 3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:   |   |                     |                           |
| Street Address <b>155 South Main Street, #100 c/o Marcum LLP</b>  |   |                     |                           |
| City/Town<br><b>Providence</b>  | State<br><b>RHODE ISLAND</b>  | Zip<br><b>02903</b> |                           |
| 4. The address of the <b>NEW</b> resident office is:  |   |                     |                           |
| Street Address (NOT a P.O. Box) <b>c/o Marcum LLP, 100 Westminster Street, Suite 500</b>  |   |                     |                           |
| City/Town<br><b>Providence</b>  | State<br><b>RHODE ISLAND</b>  | Zip<br><b>02903</b> |                           |
| 5. Date when this Statement of Change of Resident Office will be effective: <b>CHECK ONE BOX ONLY</b>   |   |                     |                           |
| <input checked="" type="checkbox"/> Date received (Upon filing)   |   |                     |                           |
| <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____   |   |                     |                           |
| <i>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.</i> |   |                     |                           |
| Name of Authorized Person of the Limited Liability Company<br><b>Thomas E. Lisi</b>   |   |                     | Date<br><b>10/31/2023</b> |
| Signature of Authorized Person of the Limited Liability Company<br>   |   |                     |                           |

**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 A.A. 1:54pm



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:

November 01, 2023 01:54 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

