

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

·	following statement for the purpose of changing its resident office <i>ONLY</i> in the State of Rhode Island:				
1. Entity ID Number	2. Exact Name of the Limited Liability Company				
000883771	Oakley Holdings, LLC				

Entity ID Number	Entity ID Number 2. Exact Name of the Limited Liability Company						
000883771	0883771 Oakley Holdings, LLC						
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:							
Street Address 155 South Main Street, #100 c/o Marcum LLP							
City/Town Providence		State RHODE ISLAND	^{Z_{IP}} 02903				
4. The address of the NEW resident office is:							
Street Address (NOT a P.O Box) c/o Marcum LLP, 100 Westminster Street, Suite 500							
City/Town Providence		State RHODE ISLAND	^{Zıp} 02903				
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 o	Date						
Thomas E. Lisi	10/31/2023						
Signature of Authorized Berson 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

