RI SOS Filing Number: 202343233660 Date: 12/6/2023 1:31:00 PM



Statement of Change of Office

Wyoming

✓ Date received (Upon filing)

COREY AIELLO

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee



Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Office by the

5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY

Later effective date (Date must be no more than 90 days from the date of filing)

Limited Liability Company, and that all statements contained herein are true and correct.

Liver Visites

Name of Authorized Person of the Limited Liability Company

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 FILED

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Date

12/06/2023

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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:

December 06, 2023 01:31 PM

Gregg M. Amore Secretary of State

Treg M. Coure

