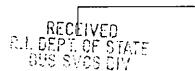
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Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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2024 JAN -8	STAMP	
	Approximately the second secon	

Pursuant to the provisions of following statement for the p	f RIGL <u>7-16-11</u> the undersign urpose of changing its reside	, , ,	•
1. Entity ID Number	2. Exact Name of the Limi		
001736886			US Projecties LA
	ent office as PRESENTLY sh	own in the records on file wi	th the RI Department of State:
Street Address	GALI Street		
City/Town	ج سب	State RHODE ISLA	ND Zip
4. The address of the NEW	resident office is:		
Street Address (<u>NOT</u> a P.O. Bo	1800 137 SI	Hon Street	
City/Town	ndrna PC	State RHODE ISLAN	ND 210 0298 3
5. Date when this Statemen	nt of Change of Resident Offic	ce will be effective: CHECK	ONE BOX ONLY
Date received (Upon fi	ling)		
Later effective date (Date	ate must be no more than 90	days from the date of filing)	
	leclare and affirm that I have and that all statements contai		Change of Resident Office by the rect.
Name of Authorized Person	of the Dimited Liability Comp	pany	Date Inc 8 2024
	rson of the Limited Liability Co	ompany	
	V		

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JAN 0 8 2024 6W6TA RI SOS Filing Number: 202443828540 Date: 1/8/2024 4:24:00 PM



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:

January 08, 2024 04:24 PM

Gregg M. Amore Secretary of State

Treg M. Coure

