RI SOS Filing Number: 202444828710 Date: 1/26/2024 1:52:00 PM

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the



State of Rhode Island
Department of State - Business Services Division

RECEIVED R.I. DEPT. OF STATE BUD SVOS DETAMP

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

2024 JAN 26 Pargrant 2014

following statement for the purpose of changing its resident of	office ONLY in the State of Rho	ode Island:
Entity ID Number 2. Exact Name of the Limited	Liability Company	
1712344 ms Bundy +		
3. The address of the resident office as PRESENTLY shows	n in the records on file with the	RI Department of State:
Street Address W. Scenic View DR		
City/Town John Ston	State RHODE ISLAND	Zip 02919
4. The address of the NEW resident office is:		
Street Address (NOT a P.O. Box) 555 N. Main	st # 1189	
City/Town Providence	State RHODE ISLAND	Zip 02904
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 da	ys from the date of filing)	
Under penalty of perjury, I declare and affirm that I have exa Limited Liability Company, and that all statements contained		ge of Resident Office by the
Name of Authorized Person of the Limited Liability Company	v	Date 1
1	•	1 *** 1 6
Moises Zappea		1/26/2024
MOISES 700E9 Signature of Authorized Person of the Limited Liability Com		1/26/2024

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov IAN a STAME

BY SLUGGERT OF STATE

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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:

January 26, 2024 01:52 PM

Gregg M. Amore
Secretary of State

Tregs M. Coure

