	State of Rho Office of the Sec		No Fee
	Division Of Bus	iness Services	
	148 W. Riv	er Street	
	Providence RI		
1636	(401) 222	2-3040	
Limited Liability Compan Statement of Change of A (Section 7-16-11(c)(1) of the C	Address of the Reside		led)
	SECTION	П	
The name of the limited liab	ility company is		
SacredPause, LLC			
	SECTION	П	
The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:			
<u>68 BOUVIER AVENUE, #3 MANVILLE</u> , <u>RI 02838-3302</u>			
SECTION III			
The NEW address of the resi	dent agent is:		
No. and Street:	42 CORINTH ST		
	PROVIDENCE	State: RI	Zip: <u>02907</u>
	SECTION	IV	
The change of address of the resident agent shall become effective upon the filing of this statement, or on $\frac{1/30/2024}{(a \ date \ not \ prior \ to, \ nor \ more \ than \ 90 \ days \ after, \ filing \ this \ Statement)}$			
Signed this 29 Day of Jan or individuals signing this in signatory, under penalties of and deed of the company, an filing, in compliance with R.	nstrument constitutes the of f perjury, that this instrum ad that the facts stated her	affirmation or ackno vent is that individua	wledgement of the I's act and deed or the act
SARA CASTANEDA Signature of Resident Agent	: 		
Form No. 642 Revised 09/07			

I.

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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 29, 2024 02:08 PM

Treng M. Course

Gregg M. Amore Secretary of State

