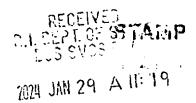


Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee



Pursuant to the provisions of RIGL <u>7-16-11</u> the undersigned limited liability company submits the following statement for the purpose of changing its resident office *ONLY* in the State of Rhode Island:

1. Entity ID Number	2. Exact Name of the Limited Liability Company		
001726173	GLEAM TEAM LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 47 1/2 BLOOMINGDALE AVENUE			
City/Town PAWTUCKET		State RHODE ISLAND	^{Zip} 02860
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 305 GROSVENOR AVE			
City/Town EAST PROVIDENCE		RHODE ISLAND	^{Zip} 02914
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 of	of the Limited Liability Company	1	Date
NELVA M. SANCHEZ			01/29/2024
Signature of Authorized Person of the Limited Liability Company			
Melva Sanchez			

MAIL TO:

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

Phone: (401) 222-3040 **Website:** www.sos.ri.gov

 $h^{I:I}$

FILED

JAN **2 9** 2024

BY YYL