RI SOS Filing Number: 202447624580 Date: 2/29/2024 12:30:00 PM



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:

REC'D '24 FEB

1. Entity ID Number	2. Exact Name of the Limited Liability Company		ú
1680524	545 Funding LLC		
3. The address of the resid	dent office as PRESENTLY shown	n in the records on file with the	RI Department of State:
Street Address 55 Pine S	treet, 3rd Floor		
City/Town Providence		State RHODE ISLAND	^{Z_{ip}} 02903
4. The address of the NEV	V resident office is:		
Street Address (NOT a P.O. 8	Box) 207 Quaker Lane, Suite	301	
City/Town West Warwick		State RHODE ISLAND	^{Zip} 02893
5. Date when this Stateme	ent of Change of Resident Office v	vill 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)	
	declare and affirm that I have exa and that all statements contained		ge of Resident Office by the
Name of Authorized Person of the Limited Liability Company			Date
W. Mark Russo, Registered Agent			2/26/2024
Signature of Authorized Po	erson of the Limited Liability Comp	pany	

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

FORM 642A Revised 01/2024

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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:

February 29, 2024 12:30 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

