



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
MAR 8 PM 12:24:00

Statement of Change of Manager's Address

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL 7-16 the undersigned limited liability company submits the following statement for the purpose of changing its manager's address **ONLY**. This form cannot be used to change the name of the manager of a limited liability company.

1. Entity ID Number 114423	2. Exact Name of the Limited Liability Company HOT SPOT, LLC		
3. The name and address of the manager as PRESENTLY shown in the records on file with the RI Department of State:			
Name of Manager Kristina R. Sampalis			
Street Address 3781 Menden Road 11 Betsey Williams Cir			
City/Town Cumberland Johnston	State RI	Zip 02804 02919	
4. The NEW address of the manager is:			
Street Address 186 Harris Road			
City/Town Smithfield	State RI	Zip 02917	
5. Date when this Statement of Change of Manager's Address will be effective: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Manager's Address by the Limited Liability Company, and that all statements contained herein are true and correct.</i>			
Name of Authorized Person of the Limited Liability Company Kristina R. Sampalis, Manager			Date 1/2/2024
Signature of Authorized Person of the Limited Liability Company <i>Kristina Sampalis</i>			

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

MAR 8 2024

BY AR 12:24