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State of Rhode Island

Department of State - Business Services Division

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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

			<u>} </u>	
1. Entity ID Number	2. Exact Name of the Limited	Liability Company		
001690030	01690030 Nutrition Thyme, LLC			
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:				
Street Address Lhichmond Square Soile 333W 47 LAF Ayette				
City/Town Provide	ree Porustol	State RHODE ISLAND	zip -02906 0280	
4. The address of the NEW resident office is:				
Street Address (NOI a P.O. Box) 291 Waterman St				
City/Town Provide	•	State RHODE ISLAND	2ip 62906	
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 the Limited Liability Company			Date	
Nicole Arroda			3/25/24	
Nicole Arro	da		2102109	
· · · · · · · · · · · · · · · · · · ·	da on of the Limited Liability Comp	pany	3123129	

MAIL TO:

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

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

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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:

March 28, 2024 02:38 PM

Gregg M. Amore Secretary of State

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