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State of Rhode Island

Department of State - Business Services Division

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee



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 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address City/Town Zip **RHODE ISLAND** 4. The address of the NEW resident office is: Street Address (NOT a P.O. Box) City/Town RHODE ISLAND 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 Signature of Authorized/Person of the Limited Liability Company

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

BY A TITO

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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:

April 08, 2024 11:12 AM

Gregg M. Amore Secretary of State

Tregs M. Coure

