



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
24 APR 16 AM 9:17:06

## 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:

1. Entity ID Number 001744894		2. Exact Name of the Limited Liability Company LEVI RESTAURANT LLC	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address 58 GREENVILLE AVE			
City/Town JOHNSTON	State RHODE ISLAND	Zip 02919	
4. The address of the <b>NEW</b> resident office is:			
Street Address ( <u>NOT</u> a P.O. Box) 107 GEORGE ST			
City/Town JOHNSTON	State RHODE ISLAND	Zip 02919	
5. Date when this Statement of Change of Resident Office will be effective: <b>CHECK ONE BOX ONLY</b>			
<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) _____			
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 MIGEUL LOPEZ LOPEZ		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](http://www.sos.ri.gov)

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APR 16 2024  
BY VGYQ2  
RS