RI SOS Filing Number: 202451224350 Date: 4/16/2024 1:08:00 PM



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD 24 APR 16 PM1:06:10

STALEP

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:

Entity ID Number 2. Exact Name of the Limited Liability Company	
1746131 A35 MeCh	anical bulls LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:	
Street Address 90 30 June 10 31.	
City/Town Providence	State RHODE ISLAND Zip 02908
4. The address of the NEW resident office is:	
Street Address (NOT a P.O. Box)	- 31
City/Town SOCILET	State RHODE ISLAND Zip 02895
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 Out 1624.	
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 APR 16 2024 By Kt 165 RI SOS Filing Number: 202451224350 Date: 4/16/2024 1:08:00 PM



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 16, 2024 01:08 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

