



State of Rhode Island  
Department of State - Business Services Division

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24 APR 23 AM 11:55:25


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### 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 <b>001674310</b>		2. Exact Name of the Limited Liability Company <b>MB Financial Planning, LLC</b>	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <b>174 Peaked Rock Road</b>			
City/Town <b>Wakefield</b>	State <b>RHODE ISLAND</b>	Zip <b>02892</b>	
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) <b>7 Punchbowl Trail</b>			
City/Town <b>West Kingston</b>	State <b>RHODE ISLAND</b>	Zip <b>02892</b>	
5. Date when this Statement of Change of Resident Office 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 Resident Office 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 <b>Michael Bronson</b>		Date <b>04/08/2024</b>	
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

**MB FILED 1155**

**APR 23 2024**

BY \_\_\_\_\_