

## **Statement of Change of Registered Office**

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

REC'D RIDOS BSD 124 MAY 6 FM3:02:42

	RIGL <u>7-<del>1-2-50</del>2</u> or <u>7-1-2-1409</u> the property of changing its registered		
1. Entity ID Number	2. Exact Name of the C <del>orporation</del>		
001709544	PUSH, LLC		
3. The address of the registe	ered office as PRESENTLY sho	wn in the records on file with th	ne RI Department of State:
Street Address 1164 DOUG	GLAS AVENUE, UNIT 6		
City/Town NORTH PROVIDENCE		State RHODE ISLAND	<sup>Zip</sup> 02904
4. The address of the NEW	registered office is:		
Street Address (NOT a P.O. Box) 1164 DOUGLAS AVENUE			
City/Town NORTH PROVIDENCE		State RHODE ISLAND	<sup>Zip</sup> 02904
5. Date when this Statemen	t of Change of Registered Office	e will be effective: CHECK ON	E BOX ONLY
Date received (Upon fi	ing) ate must be no more than 30 da	ys from the date of filing)	
6. A copy of this Statement I	nas been mailed to the corporat	ion (applicable when agent red	ords statement).
Under penalty of perjury, I d all statements contained he		amined this Statement of Char	ge of Registered Office, and that
Name of the Registered Age	ent/Officer of the G <del>orperatio</del> n L	.LC	Date
SHANE M. CRONAN			05/03/24
Signature of the Registered	Agent/Officer of the G <del>erporati</del> on	LLC	

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

may 4 2024

BY #4. 3:02

642a\_ FORM 640A - Revised: 01/2024