RI SOS Filing Number: 202454140440 Date: 5/9/2024 2:36:00 PM



State of Rhode Island **Department of State - Business Services Division**

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

-	of RIGL <u>7-16-11</u> the undersigned lied purpose of changing its resident of			
1. Entity ID Number	2. Exact Name of the Limited I	2. Exact Name of the Limited Liability Company		
000123140	SHAFTER STREET F	SHAFTER STREET REALTY COMPANY, LLC		
3. The address of the res	ident office as PRESENTLY shown	in the records on file with the	RI Department of State:	
Street Address 600 COL	E FARM ROAD, #A-46			
City/Town WARWICK		State RHODE ISLAND	^{Zip} 02889	
4. The address of the NE	W resident office is:			
Street Address (<u>NOT</u> a P.O.	Box) 600 COLE FARM ROAD,	#A-46		
City/Town WARWICK		State RHODE ISLAND	^{Zip} 02889	
5. Date when this Statem	ent of Change of Resident Office w	ill be effective: CHECK ONE	BOX ONLY	
✓ Date received (Upor	n filing)			
Later effective date	(Date must be no more than 90 day	s from the date of filing)		
	I declare and affirm that I have example, and that all statements contained		ge of Resident Office by the	
Name of Authorized Person of the Limited Liability Company			Date	
MARGUERITE DERRICO			05/09/2021	
Signature of Authorized F	Person of the Limited Liability Comp	any		
Magazita	196			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 642A - Revised: 01/2024

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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:

May 09, 2024 02:36 PM

Gregg M. Amore Secretary of State

Treg M. Coure

