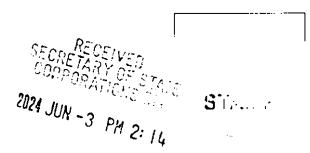
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State of Rhode Island

Department of State - Business Services Division



Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Comperation

→ No Filing Fee

LLC

Pursuant to the provisions of RIGL 7-1-2-502 or 7-1-2-1-09 the undersigned corporation submits the following statement for the purpose of changing its registered office *ONLY* in the State of Rhode Island:

1. Entity ID Number	2. Exact Name of the Corporation LLC		
1710141	RALLY TOWING LLC		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address REBOY ST			
City/Town JO YNSTON		State RHODE ISLAND	Zip 02915
4. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 30 CHAFFEE 55			
City/Town PROVIDENCE		State RHODE ISLAND	Zip 0 2902
5. Date when this Statement of Change of Registered Office will be effective: CHECK ONE BOX ONLY			
Date received (Upon filing) Later effective date (Date must be no more than 30 days from the date of filing)			
6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct.			
Name of the Registered Agent/Officer of the Cesperation LO		LC	Date , ,
Kuch	hum		5/24/27
Signature of the Registered Agent/Officer of the Carparetion LLC			
RICHARD LUEWIS			

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 640A - 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:

June 03, 2024 02:14 PM

Gregg M. Amore Secretary of State

Treg M. Coure

