



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 JUN 4 PM 4:27:11

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 001664885 | | 2. Exact Name of the Limited Liability Company INTREPID TRINITY REALTY LLC | |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address 190 BROAD STREET, SUITE 3W | | | |
| City/Town Providence | | State RHODE ISLAND | Zip 02903 |
| 4. The address of the NEW resident office is: | | | |
| Street Address (NOT a P.O. Box) 754 Branch Ave Suite 9 | | | |
| City/Town Providence | | State RHODE ISLAND | Zip |
| 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) _____ | | | |
| 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 Abiodun Egunyosi | | | Date 6/4/2024 |
| 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

FILED

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JUN 04 2024

BY

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State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

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 04, 2024 04:27 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

