		Rhode Island Secretary of State	No Fee
		Business Services	
	148 W.	River Street	
	Providence	RI 02904-2615	
1636	(401)	222-3040	
Limited Liability Comp Statement of Change of (Section 7-16-11(c)(1) of th	of Address of the Res		ed)
	SECT	TION I	
The name of the limited liability company is			
JSD 1923 LLC			
SECTION II			
The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:			
<u>83 WOOD COVE DRIVE COVENTRY</u> , <u>RI 02816</u>			
SECTION III			
The NEW address of the resident agent is:			
No. and Street:	<u>1923 POST ROAD</u>		
City or Town:	WARWICK	State: RI	Zip: <u>02886</u>
SECTION IV			
The change of address of the resident agent shall become effective upon the filing of this statement, or on $6/6/2024$ (a date not prior to, nor more than 90 days after, filing this Statement)			
Signed this 6 Day of Ju individuals signing this in under penalties of perjury of the company, and that compliance with R.I. Gen	nstrument constitutes the y, that this instrument is t the facts stated herein are	affirmation or acknowle that individual's act and	dgement of the signatory, deed or the act and deed
JOHN DIFILIPPO			
Signature of Resident Agent			
Form No. 642			

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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 06, 2024 10:55 AM

Treng M. Course

Gregg M. Amore Secretary of State

