

**Department of State - Business Services Division** Statement of Change of Office DOMESTIC or FOREIGN Limited Liability Company No Filing Fee\_ 19 80 21049 5 178 5 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 2. Exact Name of the Limited Liability Company 1673106 Seguin LLC 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 1350 Division St Unit 103 City/Tewn Zip 02893 State West Warwick **RHODE ISLAND** 4. The address of the NEW resident office is: Street Address (NOT a P.O. Box) City/Town State <del>Jewe-ts=eme</del>e RHODE ISLAND J.W)Aruxi 5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY Date received (Upon filing) 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 Date Richard J Resk Jr 05/28/2024 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

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