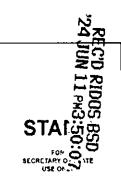
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State of Rhode Island

Department of State - Business Services Division



Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL <u>7-16-11</u> 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		
21721516	Rise Strength	LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 425 Washington St			
City/Town Providence		State RHODE ISLAND	zip 02903
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 1205 West minster St			
City/Town Providence		State RHODE ISLAND	Zip 02 909
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
Henry Lan			6-11-24
Signature of Authorized Person of the Limited Liability Company			
Therough			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 11 2024 P
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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 11, 2024 03:51 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

