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## State of Rhode Island Department of State - Business Services Division

REC'D RIDOS BSD 24 JUL 16 FH12:24:07

## **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:

Entity ID Number	2. Exact Name of the Limited Liability Company		
001693189	3 LT LLC		
3. The address of the residen	nt office as PRESENTLY shows	n in the records on file with the	RI Department of State:
Street Address 356 BLACKS	STONE STREET APT#2		
City/Town PROVIDENCE		State RHODE ISLAND	<sup>Zip</sup> 02907
4. The address of the NEW re			<u> </u>
Street Address (NQT a P.O. Box) 21 LEA DRIVE			
NORTH KINGSTOWN		State RHODE ISLAND	<sup>Zip</sup> 02852
5. Date when this Statement	of Change of Resident Office v	vill be effective: CHECK ONE	BOX ONLY
Date received (Upon filing	ng)		
Later effective date (Date must be πο more than 90 days from the date of filing)			
Under penalty of perjury, I de Limited Liability Company, an	clare and affirm that I have exa Ind that all statements contained	nmined this Statement of Chan I herein are true and correct.	ge of Resident Office by the
Name of Authorized Person of	of the Limited Liability Company	/	Date
ANDY B. CHEA	_		7-16-2024
Signature of Authorized Person	on of the Limited Liability Comp	oany	

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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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:

July 16, 2024 12:25 PM

Gregg M. Amore Secretary of State

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