



REC'D RIDOS BSD  
24 JUL 16 PM 12:24:07

### 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 001693189		2. Exact Name of the Limited Liability Company 3 LT LLC	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address 356 BLACKSTONE STREET APT#2			
City/Town PROVIDENCE		State RHODE ISLAND	Zip 02907
4. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) 21 LEA DRIVE			
City/Town NORTH KINGSTOWN		State RHODE ISLAND	Zip 02852
5. Date when this Statement of Change of Resident Office will be effective: <b>CHECK ONE BOX ONLY</b>			
<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) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company ANDY B. CHEA			Date 7-16-2024
Signature of Authorized Person of the Limited Liability Company 			

FILED

JUL 16 2024  
BY AA 12:25pm.

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov