

Statement of Change of Office

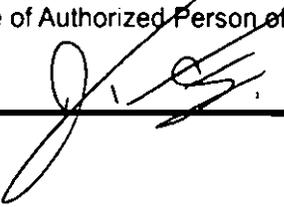
DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

REC'D RIDGS BSD
24 JUL 24 AM 11:01:52

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 001754068		2. Exact Name of the Limited Liability Company THE OBZERVER, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 112 HAZARD AVENUE			
City/Town WARWICK	State RHODE ISLAND	Zip 02889	
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 50 ARGONNE STREET			
City/Town JOHNSTON	State RHODE ISLAND	Zip 02919	
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY			
<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 JAIDEN FIORE			Date
Signature of Authorized Person of the Limited Liability Company 			

WRB FILED 1110

JUL 24 2024

BY _____

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