	State of Rho Office of the Secr		No Fee
	Division Of Busin	ness Services	
	148 W. Rive	er Street	
	Providence RI (	02904-2615	
1636	(401) 222	-3040	
Limited Liability Company Statement of Change of Address of the Resident Agent (Section 7-16-11(c)(1) of the General Laws of Rhode Island, 1956, as amended)			
	SECTION	I	
The name of the limited liability company is			
Strauss, Factor, Laing & Lyons, LLC			
SECTION II			
The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:			
<u>ONE DAVOL SQUARE, SUITE 305 PROVIDENCE</u> , <u>RI 02903</u>			
SECTION III			
The NEW address of the resident agent is:			
No. and Street:	ONE STATE STREET		
City or Town:	<u>6TH FLOOR</u> <u>PROVIDENCE</u>	State: RI	Zip: <u>02908</u>
SECTION IV			
The change of address of the resident agent shall become effective upon the filing of this statement, or on $\frac{8/23/2024}{(a \ date \ not \ prior \ to, \ nor \ more \ than \ 90 \ days \ after, \ filing \ this \ Statement)}$			
<b>Signed this 23 Day of August, 2024 at 3:11:36 PM.</b> <i>This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.</i>			
THOMAS W LYONS Signature of Resident Agent			

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