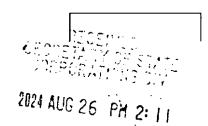
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## State of Rhode Island Department of State - Business Services Division



## **Statement of Change of Manager's Address**

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL <u>7-16</u> the undersigned limited liability company submits the following statement for the purpose of changing its manager's address *ONLY*. This form cannot be used to change the name of the manager of a limited liability company.

| <del></del> .   |   | <u> </u> |                                |
|---|---|----------|--------------------------------|
| 1. Entity ID Number 000122995   | 2. Exact Name of the Limited Liability Company Humanetrics LLC      |          |                                |
| 3. The name and address of the manager as PRESENTLY shown in the records on file with the RI Department of State: |   |          |                                |
| Name of Manager John Fort   | •   |          |                                |
| Street Address 412 SW 14th  | n Court   |          |                                |
| City/Town Fort Lauderdale   |   | State FL | Zip 33315                      |
| 4. The NEW address of the manager is:   |   |          |                                |
| Street Address 40 Chevas Rd   |   |          |                                |
| City/Town Avon  |   | State CT | Zip 06001                      |
| 5. Date when this Statement of Change of Manager's Address 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)                                  |   |          |                                |
|   | clare and affirm that I have exa<br>d that all statements contained |          | ge of Manager's Address by the |
|   | of the Limited Liability Company                                    | 1        | Date                           |
| John Forte  |   |          | August 18, 2024                |
| Signature of Authorized Person  | on of the Limited Liability Comp                                    | pany     |                                |
|   |   |          |                                |

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos ri.gov

