

State of Rhode Island Department of State - Business Services Division

Statement of Change of Office

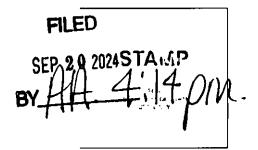
DOMESTIC or FOREIGN Limited Liability Company

→ 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:

1. Entity ID Number 2. Exact Name of the Limited Liability Company	
MGTONA AJA SUMA, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:	
Street Address 97 Og Kland Ave #2	
City/Town Providence	State RHODE ISLAND Zip
4. The address of the NEW resident office is:	
Street Address (NOT a P.O. Box) 15 Cele St #3	
City/Town Paustucket	State RHODE ISLAND
5. Date when this Statement of Change of Resident Office 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)	
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.	
Name of Authorized Person of the Limited Liability Company Date	
Aly 5,1/a 09/2014	
Signature of Authorized Person of the Limited Liability Company	
Sally	

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



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State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

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:

September 20, 2024 04:14 PM

Trey M. Coure

Gregg M. Amore Secretary of State

