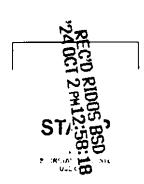


REC'D RIDOS BSD '24 OCT 2 PM1:00:12



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		
001700550	Liberty Lawncare LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 1185 TIOGUE AVENUE			
City/Town COVENTRY		State RHODE ISLAND	^{Zip} 02816
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 61 HALLVILLE RD			
City/Town EXETER		State RHODE ISLAND	^{Z_{ip}} 02822
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
MASON LAMONT			10/02/2024
Signature of Authorized Person of the Limited Liability Company			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 12:59pm

FILED

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BY J25H5

FORM 642A - Revised: 91/2024