

## **Statement of Change of Office**

**DOMESTIC or FOREIGN Limited Liability Company** 

→ No Filing Fee

Entity ID Number	purpose of changing its resident office  2. Exact Name of the Limited Liab		ode Island. Co.
001724075	71 Holdings, LLC		
3. The address of the res	ident office as PRESENTLY shown in t	he records on file with the	RI Department of State:
Street Address 1308 Atw	ood Avenue		=
City/Town Johnston		te RHODE ISLAND	<sup>Zip</sup> 02919
4. The address of the NE			
Street Address ( <u>NOT</u> a P.O.	Box) 1300 Division Road, Suite 3	305	
City/Town West Warwick		RHODE ISLAND	<sup>Zip</sup> 02893
5. Date when this Statem	ent of Change of Resident Office will be	e effective: CHECK ONE	BOX ONLY
✓ Date received (Upor	a filing)		
Later effective date	Date must be no more than 90 days fro	om the date of filing)	
	I declare and affirm that I have examing, and that all statements contained her		ge of Resident Office by the
Name of Authorized Person of the Limited Liability Company			Date
Dante R. Calise, Member			10/03/2024
Signature of Authorized F	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

OCT 07 2024 : 4) Am :