



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
 24 NOV 21 PM 1:16:38  
 ST/ [ ]  
 SECRETARY OF STATE  
 USE ONLY

**Statement of Change of Office**  
DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL 7-16-11 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 <b>001761811</b>	2. Exact Name of the Limited Liability Company <b>Elizabeth Nutr. Services LLC</b>
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:	
Street Address <b>670 Chalkstone Ave</b>	
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b> Zip <b>02908</b>
4. The address of the <b>NEW</b> resident office is:	
Street Address (NOT a P.O. Box) <b>292 Academy Ave. Suite C</b>	
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b> Zip <b>02908</b>
5. Date when this Statement of Change of Resident Office will be effective: <b>CHECK ONE BOX ONLY</b>	
<input checked="" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
<i>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.</i>	
Name of Authorized Person of the Limited Liability Company <b>Maria Elizabeth Araujo</b>	Date <b>11/21/2024</b>
Signature of Authorized Person of the Limited Liability Company <i>Maria E Araujo</i>	

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

**FILED**  
**STAMP**  
NOV 21 2024  
BY LKS [Signature]



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:

November 21, 2024 01:16 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

