RI SOS Filing Number: 202562395460 Date: 1/10/2025 11:29:00 AM



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



2025 JAN 110 VAN 17: 29

## **Statement of Change of Office**

**DOMESTIC or FOREIGN Limited Liability Company** 

→ No Filing Fee

	of RIGL <u>7-16-11</u> the undersigned line purpose of changing its resident of			
1. Entity ID Number 1681218		2. Exact Name of the Limited Liability Company Lakefront Insurance Group, LLC		
3. The address of the res	ident office as PRESENTLY shown	in the records on file with the	RI Department of State:	
Street Address 655 Men				
City/Town Cumberland		State RHODE ISLAND	<sup>Zip</sup> 02864	
4. The address of the NE		<u> </u>	<b>.</b>	
Street Address (NOT a P.O.	<sup>Box)</sup> 8 Farnworth Drive			
City/Town Lincoln		RHODE ISLAND	<sup>Zip</sup> 02865	
5. Date when this Statem	ent of Change of Resident Office wi	Il be effective: CHECK ONE	BOX ONLY	
✓ Date received (Upor	filing)			
Later effective date	Date must be no more than 90 days	s from the date of filing)		
Under penalty of perjury, Limited Liability Company	l declare and affirm that I have exam , and that all statements contained i	nined this Statement of Char herein are true and correct.	ge of Resident Office by the	
Name of Authorized Person of the Limited Liability Company			Date	
Brad R. Pelletier, Esc				
Signature of Authorized F	erspn of the Limited Liability Compa	nny	·	

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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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:

January 10, 2025 11:29 AM

Gregg M. Amore Secretary of State

Tregs M. Coure

