



State of Rhode Island  
Department of State - Business Services Division

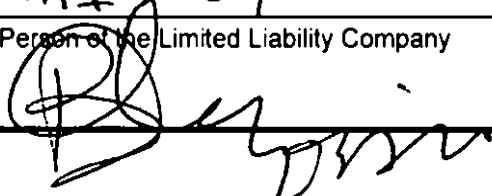
**Statement of Change of Office**

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee


REC'D RHODE ISLAND  
25 JAN 29 AM 11:37:46  
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FOR  
SECRETARY OF STATE  
USE ONLY

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>001767252</b>		2. Exact Name of the Limited Liability Company <b>DEPLOY SALES 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>12 CARRIAGE WAY</b>			
City/Town <b>NORTH PROVIDENCE</b>		State <b>RHODE ISLAND</b>	Zip <b>02904</b>
4. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) <b>443 COLUMBUS AVE Apt 1</b>			
City/Town <b>PAWTUCKET</b>		State <b>RHODE ISLAND</b>	Zip <b>02861</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) _____			
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 <b>OLUBUNMI OYEWALE</b>			Date <b>1/29/25</b>
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](http://www.sos.ri.gov)

FILED 11:37  
JAN 29 2025  
STAMP

BY **R348P**  
  
FOR  
SECRETARY OF STATE  
ONLY