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

## RIDG CTARD

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## **Statement of Change of Office**

DOMESTIC or FOREIGN Limited Liability Company

 $\longrightarrow$  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:

4. Ende ID Nombre	To Form Allows of the Line And	Linkilla Commons	•
Entity ID Number	2. Exact Name of the Limited Liability Company		
001785996	API MAHA HENG LLC.		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 1670 MAIN ST			
City/Town WEST WARWICK		State RHODE ISLAND	<sup>Zip</sup> 02893
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box)			
472 Thames st,			
City/Town Newport		RHODE ISLAND	2ip 02840
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
CHAIROCH PICHETS HOTE			02/21/2025
Signature of Authorized Person of the Limited Liability Company			
Chu			

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
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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:

February 21, 2025 02:18 PM

Gregg M. Amore Secretary of State

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