RI SOS Filing Number: 202565915250 Date: 2/27/2025 3:20:00 PM



State of Rhode Island

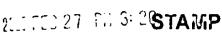
Department of State - Business Services Division



## **Statement of Change of Office**

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee



YOR MATE PO FRAN HOLB YUMO CUU

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:

| <del></del>   |  |                    |                      |
|---|--|--------------------|----------------------|
| Entity ID Number  | 2. Exact Name of the Limited Liability Company |                    |                      |
| 000792480   | DRM JR., ENTERPRISES, LLC                      |                    |                      |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:  |  |                    |                      |
| Street Address 1130 Ten Rod Road, Suite F-201   |  |                    |                      |
| North Kingstown   |  | State RHODE ISLAND | <sup>Zip</sup> 02852 |
| 4. The address of the NEW resident office is:   |  |                    |                      |
| Street Address (NOT a P.O. Box) 1130 Ten Rod Road, Suite D-306  |  |                    |                      |
| North Kingstown   |  | RHODE ISLAND       | <sup>Zip</sup> 02852 |
| 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<br>Limited Liability Company, and that all statements contained herein are true and correct. |  |                    |                      |
| Name of Authorized Person of the Limited Liability Company  |  |                    | Date                 |
| Charles F. Reilly, Esq.   |  |                    | 2/25/25              |
| Signature of Authorized Person of the Limited Liability Company  Lander Reid  |  |                    |                      |
|   |  | 1                  |                      |

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

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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 27, 2025 03:20 PM

Gregg M. Amore Secretary of State

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