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State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS:BSD

## **Statement of Change of Office**

DOMESTIC or FOREIGN Limited Liability Company

→ 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:

| 1. Entity ID Number  | 2. Exact Name of the Limited                   | Liability Company                       |             |
|--|--|---|-------------|
| 1. Littly ID INdiliber   | 2. Exact Name of the Limited Liability Company |   |             |
| 00/759270  | FWHY L   | - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | pertation U |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:   |  |   |             |
| Street Address 35 Done St.   |  |   |             |
| City/Town PM10   | Herie  | State RHODE ISLAND                      | zip 82908   |
| 4. The address of the NEW resident office is:  |  |   |             |
| Street Address (NOT a P.O. Box) 33 RIDGE St  |  |   |             |
| City/Town CYUN GJ  | 8n   | State RHODE ISLAND                      | zip 12920   |
| 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   |  |   |             |
| Puth Novar 4/11/28   |  |   |             |
| 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

APRILIDZOZS
BY: 12025

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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:

April 11, 2025 12:52 PM

Gregg M. Amore Secretary of State

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