

REC'D RIDOS BSD '25 APR 17 FH3:04:21

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of following statement for the p	FRIGL <u>7-16-11</u> the undersigned I urpose of changing its resident o	imited liability company submi office <i>ONLY</i> in the State of Rho	ts the ode Island:
1. Entity ID Number	2 Exact Name of the Limited Liability Company		
000116368	Diversified Resources, LLC		
3. The address of the reside	ent office as PRESENTLY showr	in the records on file with the	RI Department of State:
Street Address 70 Jefferso	in Blvd 4th Floor 50 He	2201	
City/Town Warwick		State RHODE ISLAND	^{Zip} 02888
4. The address of the NEW	resident office is:	· · · · · · · · · · · · · · · · · · ·	
Street Address (NOT a P.O. Bo	70 Jefferson Blvd, 4th Fl	loor	
City/Town Warwick		State RHODE ISLAND	^{Zip} 02888
5. Date when this Statemer	nt of Change of Resident Office v	vill be effective: CHECK ONE	BOX ONLY
✓ Date received (Upon formal property)	iling)	•	
Later effective date (D	ate must be no more than 90 day	ys from the date of filing)	
Under penalty of perjury, I o Limited Liability Company,	fectare and affirm that I have exa and that all statements contained	amined this Statement of Char I herein are true and correct.	ge of Resident Office by the
Name of Authorized Person of the Limited Liability Company			Date
Melissa Capuano			04/15/25
Signature of Authorized Per	rson of the Limited Liability Comp	pany	

RI DOS MADE EDITS PER FILER

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.rugov FILED 304

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