State of Rhode Island
Department of State - Business Services Division

RECD RIDOS BSD
'25 MAY 7 PM 12:45:10

Statement of Change of Manager's Address

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL 7-16 the undersigned limited liability company submits the following statement for the purpose of changing its manager's address ***ONLY.*** This form cannot be used to change the name of the manager of a limited liability company.

1. Entity ID Number	2. Exact Name of the Limited Liability Company
001767023	KingChris, LLC

3. The name and address of the manager as **PRESENTLY** shown in the records on file with the RI Department of State:

Name of Manager			
Johann Christian Ferdinand Machens			
Street Address			
151 Ocean Road, Unit D, Apt. 31			
City/Town	State	Zip	
Narragansett	RI	02882	

4. The **NEW** address of the manager is:

Street Address		
496 Town Farm Road		
City/Town	State	Zip
Pascoag	RI	02859

5. Date when this Statement of Change of Manager's Address 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 Manager's Address 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
Johann Christian Ferdinand Machens	05/01/25

Signature of Authorized Person of the Limited Liability Company

JMachens

FILED

MAY 07 2025

BY MPF LW

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MAIL TO:
Division of Business Services
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