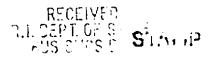


Statement of Change of Manager's Address

DOMESTIC or FOREIGN Limited Liability Company

 \rightarrow No Filing Fee



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Pursuant to the provisions of RIGL <u>7-16</u> 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.

			
Entity ID Number	2. Exact Name of the Limited Liability Company		
001761982	Maple, 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 Ivan Lee			
Street Address 1883 WEST ROYAL HUNTE DRIVE, SUITE 200A			
CEDAR CITY		State UT	^{Zip} 84720
4. The NEW address of the manager is:			
Street Address 111 Middlesex Turnpike #1084			
City/Town Burlington		State MA	^{Zip} 01803
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
Ivan Lee			05/14/2025
Signature of Authorized Person of the Limited Liability Company			
Avan Lee			

MAIL TO:

Division of Business Services 148 W. River Street, Providence. Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

9:38 Am

FILED

MAY 1 5 2025

BY_VM