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## Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL 7-16-11 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				
001689104	AJK TRANSIT LLC				
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:					
Street Address 663 BROADWAY					
City/Town PAWTUCKET		State RHODE ISLAND	<sup>Zip</sup> 02860		
4. The address of the NEW resident office is:					
Street Address (NOT a P.O. Box) 60 NORTON STREET, SUITE 1					
City/Town PAWTUCKET		RHODE ISLAND	<sup>Zip</sup> 02860		
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		
JOSEPHINE NGAWOR		07/30/2025			
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 BY D

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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:

July 30, 2025 01:04 PM

Gregg M. Amore Secretary of State

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