INSTRUCTIONS FOR FILING

- 1. Prior to submitting the statement for filing, it is recommended that you call the Corporations Division at (401) 222-3040 to verify that the information required in Items 2 and 4 of the preceding form currently appears in the records of the Secretary of State. If the information is inconsistent with the records of this office, the statement will be returned.
- 2. It is required by law to provide a street address in item 3 of the preceding form in order to provide the public with notice of a physical location at which process, notice or demand required or permitted by law may be served on the resident agent. A statement submitted with a post office box address only will not be accepted for filing.
- 3. The statement must be signed on behalf of the limited liability company by an authorized person which authorizes the change.
- 4. The fee for filing the Statement of Change of Resident Agent is \$20.00, and payment should be made payable to the Rhode Island Secretary of State.

NOTE: If a resident agent's address is changed to another address in this state, the resident agent may change the address by completing the statement below instead of the preceding form. This statement must be signed by the resident agent, or on the resident agent's behalf, and submitted for filing, without fee. Again, it is recommended that you call the Corporations Division prior to submitting the Statement to verify that the information required in item 2 below currently appears in the records of the Secretary of State. As required by law, you must provide a street address in item 3 below.

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No Filing Fee		ID Number:	762625	
	STATEMENT OF CHANGE OF ADDRESS OF THE RESIDENT AGENT			

Pursuant to the provisions of Section 7-16-11(c)(1) of the General Laws, 1956, as amended, the undersigned resident

ag the	ent, or the person signing on behalf of the re e agent's address within this state:	esident agent, submits the following statement for the purpose of	of chang	jing
1.	The name of the limited liability company is	x:		
	Origami Studios LLC			
2.	The address of the resident agent as PRE State is:	SENTLY shown in the records on file with the Rhode Island Se	cretary	ىنى
	33 Armstrong Avenue, Providence RI 0290	03	5 FB	
3.	The NEW address of the resident agent is:		8	ORA N
	86 Hawthorne Avenue, Cranston RI 02910		9	
4.	The change of address of the resident ag	gent shall become effective upon the filing of this statement	, OF on	ONS DIA
	(a date not prior to, nor me	ore than 30 days after, the filing of this Statement)	-	
		Under penalty of perjury, I declare that the integration contained herein is true and correct.	formatio	n
Date: 02/14/2015		Stephanie Marie Castilla		
	11:19 Am	Print Name of Resident Agent		_
	FILED	Alt		

FEB **1 9** 2015

Signature

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, 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:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

