Fiting Fee: \$20.00

1D Number: \_\_\_\_\_526568



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

## STATEMENT OF CHANGE OF RESIDENT AGENT

Pursuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a

1.	The name of the limited liability company is:	
	Colored Spots: Creative, LLC	
2.	The address of the resident agent as PRES	SENTLY shown in the records on file with the Rhode Island Secretary of
	30 Fair St, Providence, RI 02908	
3.	The NEW address of the resident agent is:	
	27 Woodland St., Lincoln, RI 02865	
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:	
	Elizabeth LaFrance	*
5.	The name of the NEW resident agent is: Blanche Marriott	
6.	The appointment of a new resident agent an become effective upon the filing of this state	nd the change of address of the resident agent, as the case may be, shall ment.
		Under penalty of perjury, I declare that the information contained herein is true and correct.
Dal	7/30/15	Colored Spots: Creative, LLC Prigit Name of Limited Liability Company
	FILED	- Trance
	AUG 0 3 2015	Signature of Authorized Person

Form No. 647 Revised: 12/05