

Statement of Change of Agent
DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

STAMP

Pursuant to the provisions of R	IGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> ti	he undersigned corporation su	ibmits the
Entity ID Number	pose of changing its registered agent in the State of Rhode Island: 2. Exact Name of the Corporation		
000152930	BUSY BODIES STUDIO, LLC		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 133 OLD TOWER HILL Road Swite 1			
City/Town WAKEFIELD		State RHODE ISLAND	Zip 02879
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of state: 50			
JOHN F KENYON CONTRACTOR OF CO			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 12 HIGH STREET			7 3 % P 3 3 3
City/Town WAKEFIELD`		State RHODE ISLAND	Zip 02879 N
6. The name of the NEW registered agent is:			
RACHEL CLOUGH			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX			
Date received (Upon filing)			
Later effective date (Date must be no more than 30 days from the day of filing)			
Under penalty of perjury, I dec Corporation, and that all states	lare and affirm that I have exa ments contained herein are tru	mined this Statement of Chan e and correct.	ge of Registered Agent by the
Name of Authorized Officer of the Corporation			Date
RACHEL CLOUGH			11/3/16
Signature of Authorized Officer of the Corporation SIGN DOCUMENT HERE			

MAIL TO:

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

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

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