



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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2016 DEC 19 AM 11:35

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company *Corporation*

→ Filing Fee: \$20.00

7-1.2-502 7-1.2-1409

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 agent in the State of Rhode Island:

| | | | |
|--|--|--|-------------------------|
| 1. Entity ID Number 000419787 | | 2. Exact Name of the Limited Liability Company CATALOG DESIGN STUDIOS INCORPORATED | |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 245 Waterman Street <i>Suite 401</i> | | | |
| City/Town Providence | | State RHODE ISLAND | Zip 02906 |
| 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Norman J. Bolotow | | | |
| 5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 8 Barnes Street | | | |
| City/Town Providence | | State RHODE ISLAND | Zip 02906 |
| 6. The name of the NEW resident agent is: Sarah R. Fletcher | | | |
| 7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day of filing) _____ | | | |
| Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct. | | | |
| Name of Authorized Person of the Limited Liability Company Sarah R. Fletcher | | | Date 12/13/13 |
| Signature of Authorized Person of the Limited Liability Company <i>Sarah R. Fletcher President</i> | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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By *291169 A.A.*

FORM 642 - Revised: 07/2016

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