

## Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

Pursuant to the provisions of RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

2017 APR -6	2
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1. Entity ID Number	2. Exact Name of the Corpor	2. Exact Name of the Corporation		
1029384	Audio Visual Services, LLC	Audio Visual Services, LLC		
3. The address of the reg	gistered office as PRESENTLY sho	wn in the records on file with t	he RI Department of State:	
Street Address 1 Ship Stre	eet			
City/Town Providence		State RHODE ISLAND	Zip <b>02903</b>	
4. The address of the NE	W registered office is:			
Street Address ( <u>NOT</u> a P.O.	. Box) 116 Orange Street			
City/Town Providence		State RHODE ISLAND	Zip 02903	
5. Date when this Statem	nent of Change of Registered Agen	t will be effective: CHECK ON	LY ONE BOX	
Date received (Upor	n filing)			
Later effective date	(Date must be no more than 90 da	ys from the day of filing)		
6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).				
Under penalty of perjury, all statements contained	I declare and affirm that I have exa herein are true and correct.	amined this Statement of Chan	nge of Registered Office, and that	
Name of the Registered Agent/Officer of the Corporation		Date		
Stephen M. Litwin, Esquire		3-28-17		
Signature of the Register	ed Agent/Officer of the Corporation	1		
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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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FORM 640A - Revised: 01/2017