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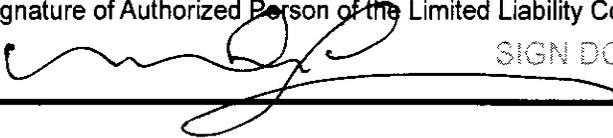
2017 MAY -1 AM 9:01

**Statement of Change of Agent**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00 *No Fee*

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 <i>001065973</i>		2. Exact Name of the Limited Liability Company <i>Oblique Studio LLC</i>	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <i>39 Wood Street #2</i>			
City/Town <i>Providence</i>		State <b>RHODE ISLAND</b>	Zip <i>02909</i>
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: <i>Michael Larsch</i>			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) <i>37 Almy St. #1</i>			
City/Town <i>Providence</i>		State <b>RHODE ISLAND</b>	Zip <i>02909</i>
6. The name of the NEW resident agent is: <i>Michael Larsen (spelling error)</i>			
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) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company <i>Michael Larsen</i>			Date <i>5/1/17</i>
Signature of Authorized Person of the Limited Liability Company  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**  
 MAY 01 2017 *9:01*  
 BY *CU 302560*