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Statement of Change of Office

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DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of F	RIGL 7-16-11 the undersigned li	mited liability company submi	ts the
ollowing statement for the purpose of changing its resident office in the State of Rhode Island:			
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
998140	ANGEL AUENUE PRODUCTIONS LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address ONE RICHMOND SQUAKE SUITE 100C			
City/Town PROVIGENCE		State RHODE ISLAND	2ip 02906
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. BOX) 236 BUTLER AUE SUITE#3 P.O. BOX 1/4122 N. PROU VE I. 02911			
City/Town PROUIDE NCE		RHODE ISLAND	02806
5. Date when this Statement of Change of Resident 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 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	of the Limited Liability Company	7	Date
MicHAel M.			11-28-2017
Signature of Authorized Person of the Limited Liability Company W. A.			
FILED			
	NOV 2 8 2017		
	BY_	on 3:24	,
MAIL TO:			
Division of Business Services 148 W. River Street, Providence,	Rhode Island 02904-2615	•	_ •
Phone: (401) 222-3040 Website: www.sos.ri.gov		PN /	

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

November 28, 2017 03:24 PM

Nellie M. Gorbea
Secretary of State

Tullin U. Soler

