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 SECRETARY OF STATE
 CORPORATIONS DIV.
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Statement of Change of Agent
 DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

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

1. Entity ID Number 74209	2. Exact Name of the Corporation VIDEO UNLIMITED PRODUCTIONS, INC.
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 5 PLEASANT VIEW AVENUE	
City/Town SMITHFIELD	State RHODE ISLAND Zip 02828
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:	
5. The address of the NEW registered office is: Street Address (<u>NOT</u> a P.O. Box) 5 PLEASANT VIEW AVENUE	
City/Town SMITHFIELD	State RHODE ISLAND Zip 02828
6. The name of the NEW registered agent is: SANDRA DOVALE FOGELL	
7. Date when this Statement of Change of Registered 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 90 days from the day of filing) _____	
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.</i>	
Name of Authorized Officer of the Corporation Sandra Dovalle Fogell	Date 4.30.17
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

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