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

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	2. Exact Name of the Corporation
61226	Art Direction - Kevin Sullivan Inc.

3. The address of the registered office as **PRESENTLY** shown in the records on file with the RI Department of State

Street Address: 14 Imperial Place, #203

City/Town	State	Zip
Providence	RHODE ISLAND	02903

4. The name of the registered agent as **PRESENTLY** shown in the records on file with the RI Department of State

Kevin Sullivan

5. The address of the **NEW** registered office is.

Street Address (NOT a P.O. Box): 32 Breakwater Lane

City/Town	State	Zip
Wickford	RHODE ISLAND	02852

6. The name of the **NEW** registered agent is.

Same

7. Date when this Statement of Change of Registered Agent will be effective **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing) _____

RECEIVED SECRETARY OF STATE CORPORATIONS DIV. 2018 FEB -2 AM 11:24

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.

Name of Authorized Officer of the Corporation	Date
Kevin Sullivan	1/29/18

Signature of Authorized Officer of the Corporation

11:24 AM

FILED

FEB 02 2018

BY _____

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 649 Revised 11/2017