



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2018 OCT -9 PM 2:15

**Statement of Change of Agent**  
 DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: ~~328.00~~

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 <b>000991887</b>	2. Exact Name of the Limited Liability Company <b>Sea Green Photography, LLC</b>
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Street Address <b>4 Rumstick Circle</b>	
City/Town <b>Barrington</b>	State <b>RHODE ISLAND</b>
Zip <b>02806</b>	
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <b>Cynthia Ragona</b>	
5. The address of the <b>NEW</b> resident office is: Street Address ( <u>NOT</u> a P.O. Box) <b>253 George Street</b>	
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b>
Zip <b>02906</b>	
6. The name of the <b>NEW</b> resident agent is: <b>Cynthia Ragona</b>	
7. Date when this Statement of Change of Resident Agent will be effective: <b>CHECK ONE BOX ONLY</b> <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date 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 the Limited Liability Company <i>Cynthia Ragona</i>	Date <i>10/3/18</i>
Signature of Authorized Person of the Limited Liability Company <i>Cynthia Ragona</i> <span style="float: right;">SIGN DOCUMENT HERE</span>	

**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<sup>m</sup>**

OCT 09 2018

BY *Cr 2:16*



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

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:

October 09, 2018 02:16 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

