RI SOS Filing Number: 201984738510 Date: 1/18/2019 1:50:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

2019 JAN 18 PM 1: 50

| · · · · · · · · · · · · · · · · · · · | s of RIGL <u>7-16-11</u> the undersigned I e purpose of changing its resident a | • • • | l l | |
|--|--|--|-----------------------------|--|
| 1. Entity ID Number | 2. Exact Name of the Limited | 2. Exact Name of the Limited Liability Company | | |
| 738789 | Happy Beats, Inc. | | | |
| 3. The address of the res | sident office as PRESENTLY shown | in the records on file with the | RI Department of State: | |
| Street Address 9 Thurber | Boulevard Suite D | | | |
| City/Town Smithfield | | State RHODE ISLAND | ^{Zip} 02917 | |
| 4. The name of the resid | ent agent as PRESENTLY shown in | n the records on file with the R | I Department of State: | |
| Richard W. Nicholson, | Esq. | | | |
| 5. The address of the NE | | | | |
| Street Address (NOT a P.O | Box) 80 Eliza Street | | | |
| City/Town Providence | | RHODE ISLAND | Zip 02909 | |
| 6. The name of the NEW | resident agent is: | | | |
| Aron Halpren Ruder | | | | |
| 7. Date when this Staten | nent of Change of Resident Agent v | vill be effective: CHECK ONE | BOX ONLY | |
| ✓ Date received (Upo | n filing) | | • | |
| Later effective date | (Date must be no more than 90 day | ys from the date of filing) | | |
| | I declare and affirm that I have exa y, and that all statements contained | | ge of Resident Agent by the | |
| Name of Authorized Person of the Limited Liability Company | | | Date | |
| Gerard DiSanto | | | 1/2/19 | |
| Signature of Authorized | Person of the Limited Liability Com | pany | | |
| | SIGN DOC | UMENT 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

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BY Cn 1866-N