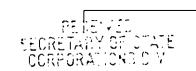
RI SOS Filing Number: 201995615790 Date: 6/6/2019 11:10:00 AM





Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

2019 JUN -6 AMII: 10

| Entity ID Number | 2. Exact Name of the Limited Liability Company Magenta Skies, LLC | | |
|------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------|-----------------------------|
| 001693508 | | | |
| 3. The address of the res | ident office as PRESENTLY showr | n in the records on file with the | RI Department of State: |
| Street Address 60 South | County Commons Way, G4 | | |
| City/Town Wakefield | | State RHODE ISLAND | ^{Zip} 02879 |
| 4. The name of the reside | ent agent as PRESENTLY shown in | n the records on file with the R | Department of State: |
| James V. Aukerman, E | sq. | | |
| 5. The address of the NE | | | |
| Street Address (<u>NOT</u> a PO | Box) 144 Wayland Avenue | | |
| City/Town Providence | | State RHODE ISLAND | ^{Zip} 02906 |
| 6. The name of the NEW | resident agent is: | | |
| Orson and Brusini Ltd. | | | |
| 7. Date when this Statem | nent of Change of Resident Agent v | vill be effective: CHECK ONE I | BOX ONLY |
| ✓ Date received (Upo | · · · · · · · · · · · · · · · · · · · | <u> </u> | |
| Later effective date | (Date must be no more than 90 da | 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 |
| aileen Burke | | | 6619 |
| Signature of Authorized I | Person of the Limited Liability Com | | |
| | m. Bomble School | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 0 6 2019 11'.19
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