



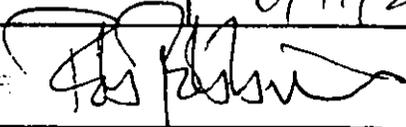
State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2019 JUN 14 AM 11:15

**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:

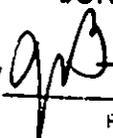
1. Entity ID Number <b>000159303</b>		2. Exact Name of the Corporation <b>Alliance Artist Management, Inc.</b>	
3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Street Address <b>98B LONG HIGHWAY</b>			
City/Town <b>LITTLE COMPTON</b>		State <b>RHODE ISLAND</b>	Zip <b>02837</b>
4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <b>DAVID W. MIDDLETON</b>			
5. The address of the <b>NEW</b> registered office is: Street Address (NOT a P.O. Box) <b>10 DORRANCE STREET, SUITE 700</b>			
City/Town <b>PROVIDENCE</b>		State <b>RHODE ISLAND</b>	Zip <b>02903</b>
6. The name of the <b>NEW</b> registered agent is: <b>ROBERT ROBBINS</b>			
7. Date when this Statement of Change of Registered 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 Registered Agent by the Corporation, and that all statements contained herein are true and correct.			
Name of Authorized Officer of the Corporation <b>ROBERT ROBBINS</b>		Date <b>6/11/2019</b>	
Signature of Authorized Officer of the Corporation 			

11:18

**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**

JUN 14 2019

BY  **8 W6 WS**

FORM 640 - Revised 04/2018