2019 JUN 14 AM 11: 1

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> 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 | | |
|---|--|---|--|--|
| 000159303 | | Alliance Artist Management, Inc. | | |
| 3. The address of the regi | stered office as PRESENTL' | Y shown in the records on file with t | he RI Department of State: | |
| Street Address 98B LONG | HIGHWAY | | | |
| City/Town LITTLE COMPTON | | State RHODE ISLAND | Zip 02837 | |
| 4. The name of the registe | ered agent as PRESENTLY | shown in the records on file with the | RI Department of State: | |
| DAVID W. MIDDLETON | | | • | |
| 5. The address of the NEV | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| Street Address (NOT a P.O. I | Box) 10 DORRANCE STREE | ET, SUITE 700 | : | |
| City/Town PROVIDENCE | | State RHODE ISLAND | ^{Zip} 02903 | |
| 6. The name of the NEW I | registered agent is: | | | |
| ROBERT ROBBINS | | | | |
| 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 : | 30 days from the date of filing) | | |
| Under penalty of perjury, I Corporation, and that all s | declare and affirm that I havitetements contained herein i | ve examined this Statement of Chan are true and correct. | nge of Registered Agent by the | |
| Name of Authorized Office | er of the Corporation | | Date | |
| ROBERT ROBBINS | | | 6/11/2019 | |
| Signature of Authorized Of | * | CONTRACTOR HISTORY | din | |

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 ON S MC MZ

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