



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



Statement of Change of Agent
 DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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 1694839		2. Exact Name of the Limited Liability Company HAPPY DRAGON STUDIO, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 957 MAIN STREET			
City/Town WARREN	State RHODE ISLAND	Zip 02885	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: MAURENE SOUZA, ESQ			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 5 Hawkes St.			
City/Town Johnston	State RHODE ISLAND	Zip 02919	
6. The name of the NEW resident agent is: Jason Loik			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company JASON LOIK		Date 8/5/19	
Signature of Authorized Person of the Limited Liability Company SIGN DOCUMENT 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

AUG 08 2019
 BY **35EMG**
 A.A. 11:19 A.M.

STAMP

FOR SECRETARY OF STATE USE ONLY