

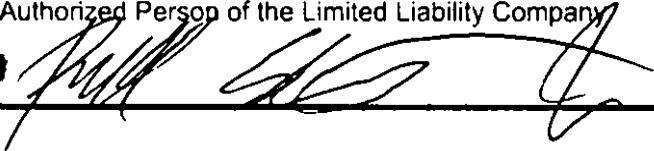


State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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 2019 OCT 15 P 2:02

Statement of Change of Resident Office
 DOMESTIC or FOREIGN Limited Liability Company
→ Filing Fee: ~~\$28.80~~
 Pursuant to the provisions of RIGL § 1-16-11 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 797857		2. Exact Name of the Limited Liability Company RQ8STUDIO, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 14 TEAKWOOD DRIVE			
City/Town COVENTRY	State RHODE ISLAND	Zip 02816	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: RONALD E STEVENSON JR			
5. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) 4 SPINDRIFT DRIVE			
City/Town SAUNDERSTOWN	State RHODE ISLAND	Zip 02874	
6. The name of the NEW resident agent is: RONALD E STAVENSON JR			
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) _____			
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.			
Name of Authorized Person of the Limited Liability Company Ronald E Stevenson Jr			Date 10/12/2019
Signature of Authorized Person of the Limited Liability Company 			

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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

NOV 06 2019

 BY  11:48B: 3Y



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

November 06, 2019 11:48 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

