Department of State - Business Services Division

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:

following statement for the purpose of changing its resident	agent in the State of Rhode Isla	and:
. Entity ID Number 2. Exact Name of the Limited Liability Company		
797857 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 (NOT a P.O. Box) 4 SPINDRIFT DRIVE		
City/Town SAUNDERSTOWN	State RHODE ISLAND	Zip 02874 3 OVA
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		
✓ Date received (Upon filing)		
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 ex Limited Liability Company, and that all statements containe		ge of Resident Agent by the
Name of Authorized Person of the Limited Liability Company		Date
Ronald E Stevenson Jr		10/12/2019
Signature of Authorized Persop of the Limited Liability Company		
Mill South		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 **Website:** www.sos.ri.gov

FILE

NDV Q 6 2019

11:488