## STATE OF RHODE ISLAND

## STATEMENT OF RESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE

Pursuant to the provisions of Section 7-16-11 of the Rhode Island Limited Liability Company Act, the undersigned resident agent, in order to resign as resident agent, hereby certifies:

|    |  |              |                     | 1686804  |
|----|--|--------------|---------------------|--|
| 1. | The name of the limited lial                     | oility comp  | oany:               | Charter Number   |
|    | ARTISAN  | BONDING      | & INSURANCE S       | SERVICES, LLC  |
|    |  |              |                     |  |
| 2. | The name of the resigning a                      | igent: Car   | oitol Corporate Ser | rvices, Inc.   |
| 3. | The address of the resigning                     | g registered | d office:           | 202  |
|    | 222 Jefferson Blvd Ste 2                         | 00           |                     | 2021 HAY -4  |
|    | Address  |              |                     |  |
|    | Warwick  | RI           | 02888               |  |
|    | City   | State        | Zip code            |  |
| 4. | •  | this State   | •                   | hall become effective thirty (30 is filed with the office of the |
|    | WITNESS WHEREOF, the esignation to be signed, 20 | on its       | <del>-</del>        | nt has caused this Statement of ticer this day o                 |
| Ca | apitol Corporate Services,                       | Inc.         |                     | Q2   |
|    | gistered Agent                                   |              | Signature           | '//  |
| 10 | son Fischer                                      |              | Annintan            | u  |
|    | me   |              | Assistan<br>Title   | nt Secretary   |



May 5, 2021

ARTISAN BONDING & INSURANCE SERVICES, LLC 19800 MACARTHUR BLVD. SUITE 300 IRVINE, CA 92612

RE: Entity ID# 1686804

ARTISAN BONDING & INSURANCE SERVICES, LLC

Dear Sir or Madam:

This is to notify you that this office received on May 4, 2021 the resignation of Capitol Corporate Services, Inc. as Resident Agent of the above-named limited liability company, a copy of which is enclosed. Section 7-16-11 of the General Laws of the State of Rhode Island states that "unless, a later time is specified in the resignation, it is effective thirty (30) days after it is filed."

Pursuant to the provisions set forth in Section 7-16-11 of the General Laws of the State of Rhode Island, "each domestic or foreign registered limited liability company shall have a resident agent for service of process on the limited liability company". To ensure that your authority to conduct business will remain intact, please file a Change of Resident Agent form with this office.

Additionally, our records indicate that the above-mentioned limited liability company is currently under a 60-day Revocation Notice effective March 16, 2021 for failure to file its annual report for the year 2020. Please file the annual report for the year 2020 along with the Change of Agent form to avoid revocation of your Certificate of Organization/Registration.

To file a Change of Resident Agent form online visit <a href="www.sos.ri.gov/divisions/business-services">www.sos.ri.gov/divisions/business-services</a>. Online filings require payment by credit card. If you have forgotten your CID and PIN, please e-mail us at corp\_pin@sos.ri.gov

If you prefer to use cash or check, visit <a href="www.sos.ri.gov/divisions/business-services">www.sos.ri.gov/divisions/business-services</a> to download a form. You can mail the form to us with your payment or visit our office to file using our drop box.

Thank you for your cooperation.

Sincerely,

Catherine Caprio Albanese

Deputy Director, Division of Business Services

Atherine Caprio Mbarrese

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notaries@sos.ri.gov