RI SOS Filing Number: 202100878930 Date: 9/2/2021 12:28:00 PM

State of Rhode Island
Department of State - Business Services Division

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BUS SVCS DIV
2021 SEP -2 PM 12: 28

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ ~~Filing Fee: $20.00~~ No Fee

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	2. Exact Name of the Limited Liability Company
001691162	PERLE MEDIA L.L.C.

3. The address of the resident office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address		
129 RESERVOIR RD.		
City/Town	State	Zip
MIDDLETOWN	**RHODE ISLAND**	02842

4. The name of the resident agent as **PRESENTLY** shown in the records on file with the RI Department of State:

PEARL MACEK

5. The address of the **NEW** resident office is:

Street Address (NOT a P.O. Box)		
114 BRAMANS LANE		
City/Town	State	Zip
PORTSMOUTH	**RHODE ISLAND**	02871

6. The name of the **NEW** resident agent is:

PEARL MARVELL (name change)

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 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	Date
PEARL MARVELL	08/30/2021

Signature of Authorized Person of the Limited Liability Company

PEARL MARVELL

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
SEP 02 2021
BY CM 12:28

FORM 642 - Revised: 08/2020