



State of Rhode Island

## Department of State - Business Services Division

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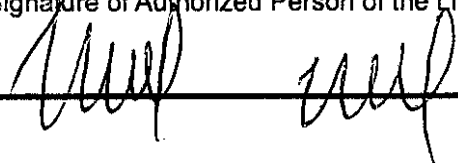
## Statement of Change of Agent

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<br><b>001691162</b>                                                                                                                                                                         |                              | 2. Exact Name of the Limited Liability Company<br><b>PERLE MEDIA L.L.C.</b> |  |
| 3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:                                                                                         |                              |                                                                             |  |
| Street Address<br><b>179 RESERVOIR RD.</b>                                                                                                                                                                      |                              |                                                                             |  |
| City/Town<br><b>MIDDLETOWN</b>                                                                                                                                                                                  | State<br><b>RHODE ISLAND</b> | Zip<br><b>02842</b>                                                         |  |
| 4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br><b>PEARL MACEK</b>                                                                       |                              |                                                                             |  |
| 5. The address of the <b>NEW</b> resident office is:                                                                                                                                                            |                              |                                                                             |  |
| Street Address (NOT a P.O. Box)<br><b>114 BRAMANS LANE</b>                                                                                                                                                      |                              |                                                                             |  |
| City/Town<br><b>PORTSMOUTH</b>                                                                                                                                                                                  | State<br><b>RHODE ISLAND</b> | Zip<br><b>02871</b>                                                         |  |
| 6. The name of the <b>NEW</b> resident agent is:<br><b>PEARL MARVELL (name change)</b>                                                                                                                          |                              |                                                                             |  |
| 7. Date when this Statement of Change of Resident Agent will be effective: <b>CHECK ONE BOX ONLY</b>                                                                                                            |                              |                                                                             |  |
| <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<br><b>PEARL MARVELL</b>                                                                                                                              |                              | Date<br><b>08/30/2021</b>                                                   |  |
| Signature of Authorized Person of the Limited Liability Company<br>                                                          |                              |                                                                             |  |

## MAIL TO:

Division of Business Services

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

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