State of Rhode Island and Providence Plantations
Department of State - Business Services Division

R.I. DEPT OF STATE
BUS SVCS DIV
2021 NOV 10 PM 12:08

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: $20.00

Pursuant to the provisions of R.I. Gen. Laws, the 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
001681954	The Sign Gallery, LLC

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

Street Address		
City/Town	State **RHODE ISLAND**	Zip

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

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

Street Address (NOT a P.O. Box) 222 Jefferson Blvd., Suite 200		
City/Town Warwick	State **RHODE ISLAND**	Zip 02888

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

Parasearch, Inc

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
JEFF P. TUTTLE	11/8/21

Signature of Authorized Person of the Limited Liability Company

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 10 2021
BY 8RX68
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