→ Filing Fee: \$20.00

## **Statement of Change of Agent** DOMESTIC or FOREIGN Limited Liability Company 2013 開作3 A 年17

Pursuant to the provisions of R following statement for the pur	right, <u>7-16-11</u> the undersigned in pose of changing its resident a	imited liability company submit igent in the State of Rhode Isla	is the and:
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
001718997	Studio of Textile Arts, LLC		
3. The address of the residen	t office as PRESENTLY shown	in the records on file with the	RI Department of State:
Street Address 222 Jefferson	n Blvd		
City/Town Warwick		State RHODE ISLAND	<sup>Zip</sup> 02888
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
Hobson, Coutu & Russo			
5. The address of the NEW resident office is:			
Street Address (NQT a P.O. Box) 222 Jefferson Blvd			
City/Town Warwick		State RHODE ISLAND	<sup>Zip</sup> 02888
6. The name of the NEW resident agent is:			
Russo & Lough, P.C.			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
✓ Date received (Upon filing)	ng)	,	
Later effective date (Date must be no more than 90 days from the date of filing)			
Under penalty of perjury, I de	clare and affirm that I have exa nd that all statements contained	amined this Statement of Char	nge of Resident Agent by the
	of the Limited Liability Company		Date
Claudia P. Ionnuccilli		,	03-04-2023
Cianotura of A. Ab	on of the Limited Liability Comp	<del></del>	<del></del>

MAIL TO:

**Division of Business Services** 

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

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

STAMP

FORM 642 - Revised: 12/2021