



State of Rhode Island
Department of State - Business Services Division

Statement of Change of Agent

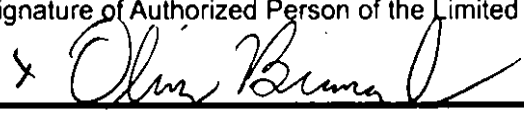
DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

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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 001712100		2. Exact Name of the Limited Liability Company STUDIO 29 LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 15 EVERGREEN DRIVE			
City/Town JOHNSTON		State RHODE ISLAND	Zip 02919
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: JOHN LUSI			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 2227 MINERAL SPRING AVE			
City/Town NORTH PROVIDENCE		State RHODE ISLAND	Zip 02911
6. The name of the NEW resident agent is: RONALD DETHOMAS			
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 OLIVIA BEAUREGARD			Date 08/11/2023
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

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 BY ML OXXCZ
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