

State of Rhode Island

Department of State - Business Services Division

23 SEP 27 PHI:16:4

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number 2. Exact Name of the Corporation LLC		
Socring Dreamer Studios LLC		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 222 Jefferson Blvd Suit 200		
City/Town Warwick	State RHODE ISLAND	Zip 07886
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:		
United States Corporation Agents Inc		
5. The address of the NEW registered office is:		
Street Address (NOT a P.O. Box)		
195 long Street.		
City/Town Warnui C K	State RHODE ISLAND	Zip 0288 6
6. The name of the NEW registered agent is: Cathena Greatons		
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY		
Date received (Upon filing)		
Later effective date (Date must be no more than 30 days from the date of filing)		
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.		
Name of Authorized Officer of the Gerperation CC		Date
Soanny Dreamer Studios LLC		9/25/2023
Signature of Authorized Officer of the C orporatio n LLC		

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 1:10
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BY 965MH