



Statement of Change of Agent

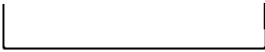
DOMESTIC or FOREIGN Limited Liability Company


→ Filing Fee: \$20.00

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 OCT 12 P 2:11

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 001727852		2. Exact Name of the Limited Liability Company DREAM BIGG ENTERTAINMENT LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 65 PERKINS AVE			
City/Town CRANSTON	State RHODE ISLAND	Zip 02910	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: ROBERT VALLE			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 833 WILLETT AVE			
City/Town RIVERSIDE	State RHODE ISLAND	Zip 02915	
6. The name of the NEW resident agent is: ROBERT HASKELL			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
<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) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company ROBERT VALLE		Date 10/10/2023	
Signature of Authorized Person of the Limited Liability Company 			

FILED 213

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

OCT 12 2023
BY MSH/GK