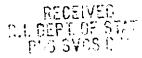


## **Statement of Change of Agent**

**DOMESTIC or FOREIGN Limited Liability Company** 

→ Filing Fee: \$20.00



2024 FEB 16 P 1: 05

Pursuant to the provisions of RIGL <u>7-16-11</u> 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	2. Exact Name of the Limited Liability Company		
1727266	Fluxion 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 137 Southern Street			
City/Town Cranston		State RHODE ISLAND	<sup>Zip</sup> 02920
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
Laurn Vissicchio			
5. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) 137 Southern Street			
City/Town Cranston		RHODE ISLAND	<sup>Zip</sup> 02920
6. The name of the <b>NEW</b> resident agent is:			
Łauren Adams ·			
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
Lauren Adams			02-06-2024
Signature of Authorized Person of the Limited Liability Company  Adams			

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** 

FEB 16 2024

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BY MK9K7