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State of Rhode Island  
Department of State - Business Services Division

**Statement of Change of Agent**  
DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 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 000524818		2. Exact Name of the Corporation SHKI Studio INC.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 640 Geo. Wash. HWY Bldg B Suite 103			
City/Town Lincoln		State RHODE ISLAND	Zip 02865
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Keith Fayon			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 390 Pine Street			
City/Town Pawtucket		State RHODE ISLAND	Zip 02860
6. The name of the NEW registered agent is: Alison BOLOGNA			
7. Date when this Statement of Change of Registered 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 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 Corporation Alison Bologna			Date 4/5/2024
Signature of Authorized Officer of the Corporation <i>Alison Bologna</i>			

**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**  
APR 5 2024  
BY H9ABV  
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