



State of Rhode Island
Department of State - Business Services Division

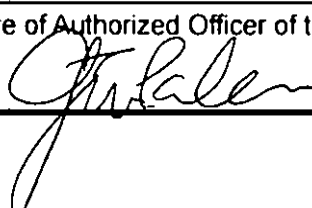
REC'D RIDOS BSD
24 MAY 6 AM 10:25:50

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-16-11 or _____ 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 001696061		2. Exact Name of the Corporation Rainy Day Photography 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 Suite 200			
City/Town Warwick		State RHODE ISLAND	Zip 02888
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) 47 Wood Ave			
City/Town Barrington		State RHODE ISLAND	Zip 02806
6. The name of the NEW registered agent is: Registered Agents, Inc.			
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 Corporation Gina Palermo			Date 5/6/2024
Signature of Authorized Officer of the Corporation 			

MAIL TO:

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

