State of Rhode Island
Department of State - Business Services Division

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'24 MAY 6 AM10:25:50

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: $20.00

7-16-11

Pursuant to the provisions of RIGL ____ 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	2. Exact Name of the Corporation
001696061	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	Date
Gina Palermo	5/6/2024

Signature of Authorized Officer of the Corporation

GPalermo

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

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BY PFX 4K

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