



State of Rhode Island  
Department of State - Business Services Division

REC'D 2024 550  
24 MAY 17 PM 2:00:18

### Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: ~~\$20.00~~ NO FEE

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 <b>001755627</b>		2. Exact Name of the Limited Liability Company <b>DC Photostative Visuals LLC</b>	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <b>413 Central Ave Unit 10-207</b>			
City/Town <b>Pawtucket</b>		State <b>RHODE ISLAND</b>	Zip <b>02861</b>
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: <b>Darien Clark</b>			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) <b>413 Central Ave Unit 10-207</b>			
City/Town <b>Pawtucket</b>		State <b>RHODE ISLAND</b>	Zip <b>02861</b>
6. The name of the NEW resident agent is: <b>Darien Clark</b>			
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) _____			
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 <b>Darien Clark</b>			Date <b>5-16-24</b>
Signature of Authorized Person of the Limited Liability Company 			

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

12:03 PM  
FILED  
MAY 17 2024  
BY KM



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

May 17, 2024 12:03 PM

A handwritten signature in black ink, reading "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

