



State of Rhode Island
Department of State - Business Services Division



JUN 10 2024
201.

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

→ 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 001686166	2. Exact Name of the Corporation AK Studios Design LLC
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3. The address of the registered office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address 282 WAYLAND AVE

City/Town PROVIDENCE	State RHODE ISLAND	Zip 02906
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4. The name of the registered agent as **PRESENTLY** shown in the records on file with the RI Department of State:
GRIFFIN KIRBY

5. The address of the **NEW** registered office is:

Street Address (NOT a P.O. Box) 397 Wayland Ave

City/Town PROVIDENCE	State RHODE ISLAND	Zip 02906
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6. The name of the **NEW** registered agent is:
Corwin Ackerman

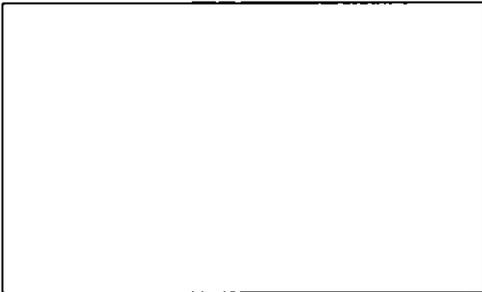
7. Date when this Statement of Change of Registered Agent will be effective: **CHECK ONE BOX ONLY**

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 Corwin Ackerman	Date 06/05/2024
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Signature of Authorized Officer of the Corporation



MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov