

Statement of Change of Agent

→ Filing Fee: \$20.00

DOMESTIC or FOREIGN Business-Corporation LLC

•	of RIGL <u>7-1,2-502</u> or <u>7-1,2-1409</u> thourpose of changing its registered	•	
Entity ID Number 2. Exact Name of the Corporation			
001686166 AK Studios Design LLC			
3. The address of the regis	stered office as PRESENTLY show	wn in the records on file with t	ne RI Department of State:
Street Address 282 WAY	LAND AVE		
City/Town PROVIDENCE		State RHODE ISLAND	^{Zip} 02906
4. The name of the registe GRIFFIN KIRBY	red agent as PRESENTLY shown	in the records on file with the	RI Department of State:
5. The address of the NEV			
Street Address (<u>NOT</u> a P.O. E	^{3ox)} 397 Wayland Ave		
City/Town PROVIDENCE		State RHODE ISLAND	^{Zip} 02906
6. The name of the NEW r	egistered agent is:		<u> </u>
Corwin Ackerman			
7. Date when this Stateme	nt of Change of Registered Agent	will be effective: CHECK ON	E BOX ONLY
✓ Date received (Upon	filing)		
Later effective date (£	Date must be no more than 30 day	ys from the date of filing)	
	declare and affirm that I have exa tatements contained herein are tru		ge of Registered Agent by the
Name of Authorized Office	r of the Corporation	·	Date
Corwin Ackerman			06/05/2024
Signature of Authorized Of	ficer 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