RI SOS Filing Number: 202460774510 Date: 10/23/2024 10:51:00 AM



State of Rhode Island

Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

SVCS DIV

Pursuant to the provisions of RIGL <u>7-16-11</u> 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	2. Exact Name of the Limited Liability Company		
001776357	MOTION ARTS LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 47 WOOD AVE SUITE 2			
City/Town BARRINGTON		State RHODE ISLAND	^{Zlp} 02806
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
NORTHWEST REGISTERED AGENT LLC			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 8 MILLER ST			
City/Town MIDDLETOWN		State RHODE ISLAND	^{Zip} 02842
6. The name of the NEW resident agent is:			
KATELYN R HARPER			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
Date received (Upon filing)			
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			Date
KATELYN R HARPER			10/21/2024
Signature of Authorized Person of the Limited Liability Company			
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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