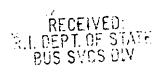


## Statement of Change of Agent DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00



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1. Entity ID Number	2. Exact Name of the Limited Liability Company		
001060042	Lucy Bean Films, UC		
3. The address of the res	dent office as PRESENTLY shown	in the records on file with the	RI Department of State:
Street Address 222 Jeffe	rson Boulevard, Suite 200		
City/Town Warwick		State RHODE ISLAND	<sup>Zip</sup> 02888
4. The name of the reside	ent agent as PRESENTLY shown in	the records on file with the R	Department of State:
Corporation Service (	Company		
5. The address of the NE		<del>-                                    </del>	
Street Address (NOT a P.O.	<sup>Box)</sup> 44 Church St		
City/Town Warren		RHODE ISLAND	<sup>Zip</sup> 02885
6. The name of the <b>NEW</b> Mary Healey-Jamiel	resident agent is:		
· · ·	- A - ( Ob ( D ) A A A	The array of August Augus	204 00114
Date when this Statem  Date received (Upor	ent of Change of Resident Agent w	III DE BRECRIVE: CHECK ONE E	SOX ONLY
=	Date must be no more than 90 day	s from the date of filing)	
Under penalty of perjury,	I declare and affirm that I have example of the statements contained	mined this Statement of Chan	ge of Resident Agent by the
Name of Authorized Person of the Limited Liability Company			Date
Mary Healey-Jamiel			03/16/2025
Signature of Authorized P	of son of the Limited Liability Comp	any	<u> </u>

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 19 2025 BY 94785