INSTRUCTIONS FOR FILING

- 1. Prior to submitting the statement for filing, it is recommended that you call the Corporations Division at (401) 222-3040 to verify that the information required in Items 2 and 4 of the preceding form currently appears in the records of the Secretary of State. If the information is inconsistent with the records of this office, the statement will be returned.
- 2. It is required by law to provide a street address in item 3 of the preceding form in order to provide the public with notice of a physical location at which process, notice or demand required or permitted by law may be served on the resident agent. A statement submitted with a post office box address only will not be accepted for filing.
- 3. The statement must be signed on behalf of the limited liability company by an authorized person which authorizes the change.
- The fee for filing the Statement of Change of Resident Agent is \$20.00, and payment should be made payable to the Rhode Island Secretary of State.

NOTE: If a resident agent's address is changed to another address in this state, the resident agent may change the address by completing the statement below instead of the preceding form. This statement must be signed by the resident agent, or on the resident agent's behalf, and submitted for filing, without fee. Again, it is recommended that you call the Corporations Division prior to submitting the Statement to verify that the information required in item 2 below currently appears in the records of the Secretary of State. As required by law, you must provide a street address in item 3 below.

No Filing Fee		ID Number:
		F CHANGE OF ADDRESS RESIDENT AGENT
age	rsuant to the provisions of Section 7-16-11(c)(1) o ent, or the person signing on behalf of the resident agent's address within this state:	of the General Laws, 1956, as amended, the undersigned resident agent, submits the following statement for the purpose of changing
1.	The name of the limited liability company is: VP Fitness, LLC	
2.	The address of the resident agent as PRESENTL State is: One Turks Head, Suite 1200, Providence, RI 0290	
3.	The NEW address of the resident agent is: 56 Pine Street, Suite 700, Providence, RI 02903	NOV 10 CRAM
4.	The change of address of the resident agent sh	all become effective upon the filing of this statement or on the filing of this statement or one the filing of
	(a date not prior to, nor more than	30 days after, the filing of this Statement)
		Under penalty of perjury, I declare that the information contained herein is true and correct.
Dat	te:	Christine L. Rossi, Esq.
- 3	FILED P NOV 1 0 2014 BY Cr 10:24	Print Name of Resident Agent Jacobs Signature Jaseph Depina Sole Members of VPFIMISS, LIC



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, 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:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

