Filing Fee: \$20.00

ID Number: 486 110



Form No. 642 Revised: 12/05

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

TORETARY OF STATE OF

LIMITED LIABILITY COMPANY

STATEMENT OF CHANGE OF RESIDENT AGENT

Pursuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a change of its resident agent and the address of its resident agent in the state of Rhode Island as follows:

СПа	change of its resident agent and the address of its resident agent in the state	of Rhode Island as follows:	
1.	1. The name of the limited liability company is: Atwood Weight-Loss LL	<u></u>	
2.	2. The address of the resident agent as PRESENTLY shown in the record State is: 1526 Award Aw. Suite 100	•	
3.	3. The NEW address of the resident agent is: 1534 Atwood Ave - Suite 330	e Johnston, RI 029	
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:		
5.	5. The name of the NEW resident agent is: Wartha M. Fontain		
 The appointment of a new resident agent and the change of address of the resident agent, as the case may be, shall become effective upon the filing of this statement. 			
	Under penalty of contained herein is	perjury, I declare that the information true and correct.	
Da		ne of Limited Liability Company	
	FILED	a Ma Forda a	
	AUG 0 3 2015 Sign	nature of Authorized Person	
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