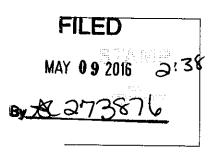


## Statement of Change of Resident Office Limited Liability Company

No Filing Fee

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident office in the State of Rhode Island:

1. Entity ID Number	2. Exact Name of the Limited Liability Company		
521BO La Vida! Dance and Fitness LLC			
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 120 Wayland Are Suites City/Town State RHODE ISLAND Zip 02906			
City/Town PRINDERCE		State RHODE ISLAND	Zip 02906
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) & Richmand Square Suite 150 City/Town Mindlack State RHODE ISLAND Zip 03906			
City/Town Prividence		State RHODE ISLAND	Zip 02906
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONLY ONE BOX			
Date received (Upon filing)			
Later effective date (Date must be no more than 30 days from the day of filing)			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Office, and that all statements contained herein are true and correct.			
Name of the Resident Agent/Authorized Person of the Limited Liability Company Date			
Chenyl D. masse 5/9/16			
Signature of the Resident Agent/Authorized Person of the Limited Liability Company			
SIGN DOCUMENT HERE			
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State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

## I, NELLIE M. GORBEA, 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:

Tulli U. Hole

Nellie M. Gorbea Secretary of State

