



2016 OCT **S**T**AMP** 06

**Statement of Change of Agent** 

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

	7-16-11	LIC	
Pursuant to the provisions of RIGL <u>7-1:2-502 or 7-1:2-1409</u> the undersigned <del>corporation</del> submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:			
1. Entity ID Number	2. Exact Name of the Gorporation LLC		
000720227	Ideal Diet Center, LLC.		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 200 Centerville Road Suite 4			
City/Town Warwick		State RHODE ISLAND	Zip <b>02886</b>
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:			
Paul Votta, Esq.			
5. The address of the <b>NEW</b> registered office is:			
Street Address (NOT a P.O. Box) 1177 Greenwich Avenue			
City/Town Warwick		State RHODE ISLAND	<sup>Zip</sup> 02886
6. The name of the <b>NEW</b> registered agent is:			
Joseph R. Daigle			
7. Date when this Statement of Change of Registered Agent 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 Registered Agent by the Corporation, and that all statements contained herein are true and correct.			
Name of Authorized Officer of the Gorporation			Date
Paula Hamilton			September 24, 2016
Signature of Authorized Officer of the Gerporation			
SIGN DOCUMENT HERE			

MAIL TO:

**Division of Business Services** 

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

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

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