RI SOS Filing Number: 201733862510 Date: 02/10/2017 11:18 AM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: $20.00

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 agent in the State of Rhode Island:

1. Entity ID Number	2. Exact Name of the Limited Liability Company
1086414	**Crossfit Lifeblood, LLC**

3. The address of the resident office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address - 1168 Newport Ave

City/Town	State	Zip
Paw	**RHODE ISLAND**	02861

4. The name of the resident agent as **PRESENTLY** shown in the records on file with the RI Department of State:

Michael L. Mineau, Esq.

5. The address of the **NEW** resident office is:

Street Address (NOT a P.O. Box) **1168 Newport Avenue**

City/Town	State	Zip
Pawtucket	**RHODE ISLAND**	**02861**

6. The name of the **NEW** resident agent is:

Daniel V. McKinnon, Esq.

7. Date when this Statement of Change of Resident 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) _____

2017 FEB 10 AM 11:18 RECEIVED STATE OF RHODE ISLAND

Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.

Name of Authorized Person of the Limited Liability Company	Date
Sara Hana	1-30-17

Signature of Authorized Person of the Limited Liability Company

Sara Hana 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

FILED
FEB 10 2017 11:18
By 295434

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