



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 1086414		2. Exact Name of the Limited Liability Company 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 - <i>1168 Newport Ave</i>			
City/Town <i>Paw</i>		State RHODE ISLAND	Zip <i>02861</i>
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 (<u>NOT</u> a P.O. Box) 1168 Newport Avenue			
City/Town Pawtucket		State RHODE ISLAND	Zip 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) _____			
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 Sara Hana			Date 1-30-17
Signature of Authorized Person of the Limited Liability Company <i>Sara Hana</i> 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

SEP 10 2017

By *295434*