



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Limited Liability Company  
Statement of Change of Resident Agent

(Section 7-16-11 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the limited liability company is

BODY RESTORATION MASSAGE THERAPY, LLC

SECTION II

The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:

282 COUNTY ROAD, SUITE #2 BARRINGTON , RI 02806

The name of the registered agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:

ROBERT J. COUPE, ESQ.

SECTION III

The NEW address of the resident agent is:

No. and Street: 970 HOPE STREET

City or Town: BRISTOL

State: RI

Zip: 02809

The name of the NEW resident agent is:

JAQUELINE N. DAVIS

SECTION IV

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.

**Signed this 14 Day of February, 2017 at 3:56:42 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

BODY RESTORATION MASSAGE THERAPY, LLC

Print Name of Limited Liability Company

JACQUELINE N. DAVIS

Signature of Authorized Person

Form No. 642  
Revised 09/07

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