RI SOS Filing Number: 201748396080 Date: 8/11/2017 1:25:00 PM

(B)	State of Rhode Island and Providence Plantations
	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

2017	<u> </u>
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	CO CONTRACTOR
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	purpose of changing its resident a		and:			
1. Entity ID Number	2. Exact Name of the Limited Liability Company					
001664806	Fantasy Fateball, LLC	Fantasy Fateball, LLC				
	ident office as PRESENTLY show					
Street Address Pannone L	opes Devereaux & West LLC 31	7 Iron Horse Way, Suite 301,				
City/Town Providence		State RHODE ISLAND	<sup>Zip</sup> <b>02908</b>			
4. The name of the reside	ent agent as <b>PRESENTLY</b> shown in	n the records on file with the R	Department of State:			
Kas R. Decarvalho						
5. The address of the <b>NE</b>						
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200						
City/Town Warwick		State RHODE ISLAND	Zip <b>02888</b>			
6. The name of the NEW Corporation Service Co	•					
Corporation Service Company						
	ent of Change of Resident Agent w	vill 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, Limited Liability Company	l declare and affirm that I have exa , and that all statements contained	mined this Statement of Chan herein are true and correct.	ge of Resident Agent by the			
Name of Authorized Person	Date					
Kelly D. H. Lowry, Esq.		August 10, 2017				
Signature of Authorized P	erson of the Limited Liability Comp	pany				
feely Dollar	SIGN DOCU	JMENT 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** 

AUG 1 1 2017

FORM 642 - Revised: 07/2016