



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Statement of Change of Agent

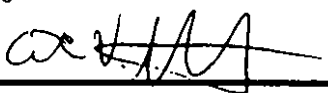
DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
STAMP

2017 OCT 31 PM 12:15

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 001678090	2. Exact Name of the Limited Liability Company FIGHT FACTORY RI LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 90 MILLARD AVE		
City/Town WARWICK	State RHODE ISLAND	Zip 02889
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: ERIK MARCOTTE		
5. The address of the NEW resident office is:		
Street Address (<u>NOT</u> a P.O. Box) 264 ROGER WILLIAMS AVE		
City/Town EAST PROVIDENCE	State RHODE ISLAND	Zip 02916
6. The name of the NEW resident agent is: CHIA BLAIS		
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 ERIK MARCOTTE		Date 10/31/2017
Signature of Authorized Person of the Limited Liability Company  SIGN DOCUMENT HERE		

MAIL TO:

Division of Business Services

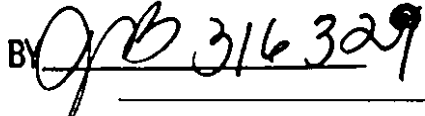
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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 BY  316329