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

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STAMP

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
001678090	**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 (NOT 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	Date
ERIK MARCOTTE	**10/31/2017**

Signature of Authorized Person of the Limited Liability Company

SIGN DOCUMENT HERE

12:15

FILED

OCT 31 2017

BY 316329

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov