



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

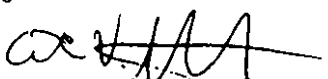
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Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

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			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> 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

12:15
FILED

OCT 31 2017

BY  316329