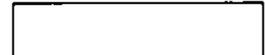




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**



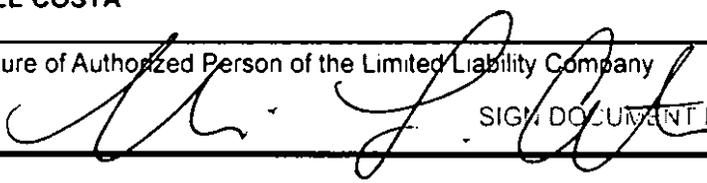
**Statement of Change of Office**

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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 office **ONLY** in the State of Rhode



|   |                              |   |  |
|---|------------------------------|---|--|
| 1. Entity ID Number<br><b>001093361</b>   |                              | 2. Exact Name of the Limited Liability Company<br><b>COSTA FITNESS, LLC</b> |  |
| 3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:   |                              |   |  |
| Street Address <b>97 APPLETON STREET</b>  |                              |   |  |
| City/Town<br><b>CRANSTON</b>  | State<br><b>RHODE ISLAND</b> | Zip<br><b>02910</b>   |  |
| 4. The address of the <b>NEW</b> resident office is:  |                              |   |  |
| Street Address (NOT a P.O. Box) <b>40 TOMAHAWK TRAIL</b>  |                              |   |  |
| City/Town<br><b>CRANSTON</b>  | State<br><b>RHODE ISLAND</b> | Zip<br><b>02921</b>   |  |
| 5. Date when this Statement of Change of Resident Office will be effective. <b>CHECK ONE BOX ONLY</b>   |                              |   |  |
| <input checked="" type="checkbox"/> Date received (Upon filing)   |                              |   |  |
| <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____   |                              |   |  |
| <i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Office by the Limited Liability Company, and that all statements contained herein are true and correct.</i> |                              |   |  |
| Name of Authorized Person of the Limited Liability Company<br><b>NICOLE COSTA</b>   |                              | Date<br><b>1/25/18</b>  |  |
| Signature of Authorized Person of the Limited Liability Company<br>  |                              | 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

11:28 AM  
**FILED**  
 FEB 02 2018  
 BY KM

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2018 FEB -2 AM 11:26



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

February 02, 2018 11:28 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

