



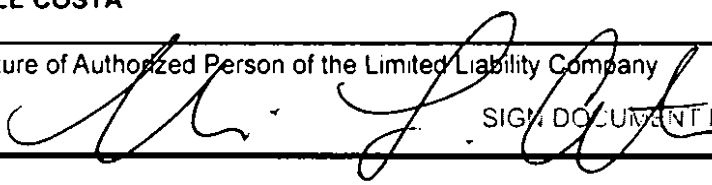
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 001093361		2. Exact Name of the Limited Liability Company COSTA FITNESS, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 97 APPLETON STREET			
City/Town CRANSTON	State RHODE ISLAND	Zip 02910	
4. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) 40 TOMAHAWK TRAIL			
City/Town CRANSTON	State RHODE ISLAND	Zip 02921	
5. Date when this Statement of Change of Resident Office will be effective. CHECK ONE BOX ONLY			
<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) _____			
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.			
Name of Authorized Person of the Limited Liability Company NICOLE COSTA		Date 1/25/10	
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

11:28 AM

FILED

FEB 02 2018

BY 

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SECRETARY OF STATE
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