



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

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 CORPORATIONS DIV
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Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: ~~\$20.00~~
 NO 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 agent in the State of Rhode Island:

1. Entity ID Number 959351	2. Exact Name of the Limited Liability Company Sam Lopes Soccer Leadership Academy, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 44 Compton Street			
City/Town Providence	State RHODE ISLAND	Zip 02908	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State Samuel Lopes			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 1 Cunningham Square			
City/Town Providence	State RHODE ISLAND	Zip 02918	
6. The name of the NEW resident agent is: Samuel Lopes			
7. Date when this Statement of Change of Resident Agent 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) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company Samuel Lopes			Date 4/3/18
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

FILED 11:59
APR 05 2018 STAMP
 BY 328116
STATE OF RHODE ISLAND



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:

April 05, 2018 11:59 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

