RI SOS Filing Number: 201863627290 Date: 5/4/2018 11:04:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Entity ID Number	2. Exact Name of the Limited Liability Company			
112922	Reelaxation, LLC	Reelaxation, LLC		
3. The address of the res	ident office as PRESENTLY shown	n in the records on file with the	RI Department of State:	
Street Address 873 Warw	ick Avenue			
City/Town Warwick		State RHODE ISLAND	Zip 02888	
4. The name of the reside	ent agent as PRESENTLY shown in	n the records on file with the R	I Department of State:	
Joseph M. Rameaka, E	sq.			
5. The address of the NE	W resident office is:			
Street Address (<u>NOT</u> a P.O.	Box) Paster & Harpootian Ltd, 10	000 Chapel View Blvd # 220		
City/Town Cranston		State RHODE ISLAND	Zip 02920	
6. The name of the NEW	resident agent is:	· · · · · · · · · · · · · · · · · · ·		
Jennifer Erickson, Esq.				
7. Date when this Statem	nent of Change of Resident Agent w	vill be effective: CHECK ONE	BOX ONLY	
✓ Date received (Upon	n filing)			
Later effective date	(Date must be no more than 30 day	ys from the date of filing)		
	I declare and affirm that I have exa y, and that all statements contained		ge of Resident Agent by the	
Name of Authorized Person of the Limited Liability Company			Date	
David A. Guadagnoli, Manager			4/30/2018	
	Person of the Limited Liability Comp			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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