RI SOS Filing Number: 201880144550 Date: 10/25/2018 12:38:00 PM

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

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

R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number	2. Exact Name of the Limited Liability Company		
1661244	Centre of New England Baseball & Softball LLC		
3. The address of the res	sident office as PRESENTLY shown	in the records on file with the	RI Department of State:
Street Address 200 Midwa	ay Road, Suite 169		
City/Town Cranston		State RHODE ISLAND	Zip <b>02920</b>
4. The name of the resident	ent agent as PRESENTLY shown in	n the records on file with the R	I Department of State:
Daniel Hopkins, Esq.			
5. The address of the <b>NE</b>	W resident office is:		
Street Address (NOT a P.O	. Box) C/o Nixon Peabody LLP, One C	itizens Plaza, Ste. 500	
City/Town Providence		State RHODE ISLAND	Zip <b>02903</b>
6. The name of the <b>NEW</b>	resident agent is:		
Meghan Hopkins, Esq.			
7. Date when this Statem	nent of Change of Resident Agent w	vill be effective: CHECK ONE I	BOX ONLY
✓ Date received (Upon	n filing)		<del></del>
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
Matthew C. Hopkins			10   22   18
Signature of Authorized F	Person of the Limited Liability Comp	pany	
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MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 12:38

**FILED** 

OCT 2 5 2018

BY 154959