



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

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 SECRETARY OF STATE
 CORPORATION DIVISION
 2019 FEB 11 PM 12:10

Statement of Change of Agent
 DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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 001340507	2. Exact Name of the Limited Liability Company Elevate Judo & JiuJitsu LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:	
Street Address 222 Jefferson Boulevard suite 200	
City/Town Warwick	State RHODE ISLAND Zip 02888
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: United States Corporation Agents Inc	
5. The address of the NEW resident office is:	
Street Address (NOT a P.O. Box) 567 S Gentry Trail #207	
City/Town Exeter	State RHODE ISLAND Zip 02822
6. The name of the NEW resident agent is: Brett Robichaud	
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 90 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 Brett Robichaud	Date 2/11/2019
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

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BY **WBE596G**