



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

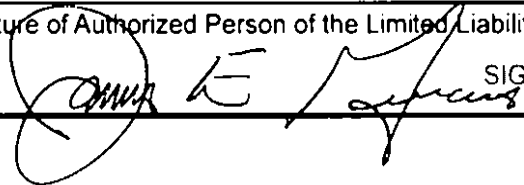
Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 FEB 19 PM 2:06

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 000849418		2. Exact Name of the Limited Liability Company 365 SPORTS RHODE ISLAND, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 6 STATE STREET			
City/Town WARREN		State RHODE ISLAND	Zip 02885
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: JOE FARMER, CPA			
5. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) 386 MARKET STREET, SUITE 3			
City/Town WARREN		State RHODE ISLAND	Zip 02885-1627
6. The name of the NEW resident agent is: MARK G. DEVINE			
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) _____			
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.			
Name of Authorized Person of the Limited Liability Company JAMES GERVAIS			Date 2/17/19
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
STAMP

FEB 19 2019

BY **Y8WST**

A.A. J. App'm