



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

STATE OF RHODE ISLAND  
SECRETARY OF STATE  
CORPORATIONS DIV.

**Statement of Change of Agent**

DOMESTIC or FOREIGN Non-Profit Corporation

2019 APR 16 AM 9:09

→ Filing Fee: ~~\$10.00~~ *No Fee*

Pursuant to the provisions of RIGL 7-6-13 or 7-6-78 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

|                                                                                                                                                                                                     |  |                                                                            |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------|------------------------|
| 1. Entity ID Number<br><b>001666471</b>                                                                                                                                                             |  | 2. Exact Name of the Corporation<br><b>Beyond the Barre Yellow Jackets</b> |                        |
| 3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>Street Address <b>21 Laurel Drive</b>                                  |  |                                                                            |                        |
| City/Town<br><b>Chepachet</b>                                                                                                                                                                       |  | State<br><b>RHODE ISLAND</b>                                               | Zip<br><b>02814</b>    |
| 4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br><b>Shaina Ulbin</b>                                                        |  |                                                                            |                        |
| 5. The address of the <b>NEW</b> registered office is:<br>Street Address ( <u>NOT</u> a P.O. Box) <b>142 Aldrich Rd.</b>                                                                            |  |                                                                            |                        |
| City/Town<br><b>N. Scituate</b>                                                                                                                                                                     |  | State<br><b>RHODE ISLAND</b>                                               | Zip<br><b>02857</b>    |
| 6. The name of the <b>NEW</b> registered agent is:<br><b>Shaina Ziegler (Name change)</b>                                                                                                           |  |                                                                            |                        |
| 7. The address of the corporation's registered office and the address of the office of its registered agent, as changed, will be identical.                                                         |  |                                                                            |                        |
| 8. The change was authorized by a resolution duly adopted by its board of directors.                                                                                                                |  |                                                                            |                        |
| Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct. |  |                                                                            |                        |
| Name of President/Vice President of the Corporation<br><b>Shaina D. Ziegler</b>                                                                                                                     |  |                                                                            | Date<br><b>4.16.19</b> |
| Signature of President/Vice President of the Corporation<br><i>Shaina D. Ziegler</i>                                                                                                                |  |                                                                            |                        |

**MAIL TO:**

**Division of Business Services**

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

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**APR 16 2019**

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BY *CU F422N*