



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

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DEPARTMENT OF STATE
CORPORATIONS DIV
2019 MAY 20 PM 12:43

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 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 59442		2. Exact Name of the Corporation AMERICAN HEALTH FITNESS CENTER OF WEST WARWICK, INC.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 888 Reservoir Avenue City/Town Cranston State RHODE ISLAND Zip 02910			
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: JASON D. MONZACK			
5. The address of the NEW registered office is: Street Address (<u>NOT</u> a P.O. Box) 555 Quaker Lane City/Town West Warwick State RHODE ISLAND Zip 02893			
6. The name of the NEW registered agent is: CHRISTOPHER L. RUSSO			
7. Date when this Statement of Change of Registered 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) _____			
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 Authorized Officer of the Corporation Tammy Whitehead		Date	
Signature of Authorized Officer of the Corporation <i>Tammy Whitehead</i>		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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MAY 20 2019

BY *M4WUE*
A.A. 12:43pm