

09/25/2019 10:30 barrows cpa

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P.025/046

2019 SEP 25 A 11:49

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

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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 office **ONLY** in the State of Rhode

| | | | |
|--|--|--|-------------------------|
| 1. Entity ID Number 000791388 | | 2. Exact Name of the Limited Liability Company MSMINDBODY, LLC | |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address 85 DOUGLAS PIKE | | | |
| City/Town SMITHFIELD | | State RHODE ISLAND | Zip 02917 |
| 4. The address of the NEW resident office is: | | | |
| Street Address (NOT a P.O. Box) 1364 SMITH STREET | | | |
| City/Town NORTH PROVIDENCE | | State RHODE ISLAND | Zip 02911 |
| 5. Date when this Statement of Change of Resident Office 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 Resident Office by the Limited Liability Company, and that all statements contained herein are true and correct. | | | |
| Name of Authorized Person of the Limited Liability Company BEN ACETO, CPA | | | Date 08/27/19 |
| Signature of Authorized Person of the Limited Liability Company <i>Ben Aceto</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**FILED**

SEP 25 2019

BY *KL 11:49*



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

September 25, 2019 11:49 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

