



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

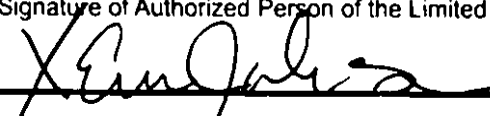
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FOR
Rhode Island State
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R.I. DEPT. OF STATE
BUS SVCS DIV

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:

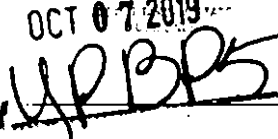
1. Entity ID Number 001687711		2. Exact Name of the Limited Liability Company BACKSTOP SOFTBALL, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 222 Jefferson BLVD Suite 200			
City/Town WARWICK		State RHODE ISLAND	Zip 02886
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 (<u>NOT</u> a P.O. Box) 5 MERILINE STREET			
City/Town JOHNSTON		State RHODE ISLAND	Zip 02919
6. The name of the NEW resident agent is: EMILY JOHNSON			
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) _____			
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 EMILY JOHNSON			Date 10-2-19
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

OCT 07 2019

BY 

FORM 642 - Revised: 12/2018

A.A. 1:23p.m.