



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

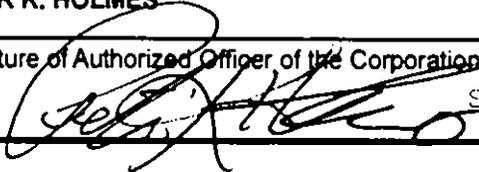
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SECRETARY OF STATE  
CORPORATIONS DIV

2020 FEB 21 PM 12:48

**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 <b>509825</b>		2. Exact Name of the Corporation <b>HOLMES FITNESS COMPANY, INC.</b>	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <b>One Turks Head Place, Suite 1200</b>			
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b>	Zip <b>02903</b>	
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: <b>ZACHARY G. DARROW, ESQ.</b>			
5. The address of the NEW registered office is:			
Street Address (NOI a P.O. Box) <b>58 BURLINGTON STREET</b>			
City/Town <b>PROVIDENCE</b>	State <b>RHODE ISLAND</b>	Zip <b>02906</b>	
6. The name of the NEW registered agent is: <b>PETER K. HOLMES</b>			
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 30 days from the date of filing) _____			
<i>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.</i>			
Name of Authorized Officer of the Corporation <b>PETER K. HOLMES</b>		Date <b>2/19/20</b>	
Signature of Authorized Officer of the Corporation  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**  
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