

Filing Fee: \$20.00

ID Number: 130258



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

STATEMENT OF CHANGE OF RESIDENT AGENT

Pursuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a change of its resident agent and the address of its resident agent in the state of Rhode Island as follows:

1. The name of the limited liability company is:
NutriFit, LLC
2. The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
18 Maple Avenue, #284 Barrington, RI 02806
3. The NEW address of the resident agent is:
One Davol Square Providence, RI 02903
4. The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
Greg Salgueiro
5. The name of the NEW resident agent is:
Thomas M. Madden, Esq.
6. The appointment of a new resident agent and the change of address of the resident agent, as the case may be, shall become effective upon the filing of this statement.

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: June 29, 2004

NutriFit, LLC

Print Name of Limited Liability Company

Rachel Anderson, R.D., L.D.N.
Signature of Authorized Person

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JUN 29 2004

By SA
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CORPORATIONS DIV.
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