



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

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 NOV 21 PM 12:25

Statement of Change of Agent *office*
 DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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		2. Exact Name of the Limited Liability Company	
1657309		Nutrition Concepts, LLC.	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address			
31 Giblin Way			
City/Town	State	Zip	
Portsmouth	RHODE ISLAND	02871	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
<i>as above</i> Stacey Vogl			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box)			
100 Greystone Terrace			
City/Town	State	Zip	
Portsmouth	RHODE ISLAND	02871	
6. The name of the NEW resident agent is:			
Stacey Vogl Nutrition Concepts, LLC			
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			Date
Stacey Vogl			11-20-2019
Signature of Authorized Person of the Limited Liability Company			
<i>Stacey Vogl</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
11/21/2019