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State of Rhode Island

## **Department of State - Business Services Division**

## Statement of Change of Office DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

R.I. DEPT. OF STATE BUS SVCS DIV

2021 JAN 27 P 1:38

Pursuant to the provisions of RIGL <u>7-16-11</u> the undersigned limited liability company submits the following statement for the purpose of changing its resident office <i>ONLY</i> in the State of Rhode			
	2. Exact Name of the Limited Liability Company		
000793871	Supreme	Stor Fitness	LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 180 Gansett Ave			
City/Town CcanSton		State RHODE ISLAND	Zip 02 910
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 1511 Athord Ave			
City/Town Johnston		State RHODE ISLAND	Zip 02919
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY			
Date received (Upon filing)			
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	of the Limited Liability Company	1	Date ,
Daniel	J Ortiz		1/28/21
Signature of Authorized Person of the Limited Liability Company			

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov PILED

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, 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:

January 27, 2021 01:40 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

