



State of Rhode Island
Department of State - Business Services Division

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 000113612	2. Exact Name of the Corporation Body Mechanics, Inc		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 97 Winsor Rd			
City/Town Foster	State RHODE ISLAND	Zip 02825	
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Cheryl Turnquist			
5. The address of the NEW registered office is: Street Address (NOT a P.O. Box) 33 Kelley Ave			
City/Town Rumford	State RHODE ISLAND	Zip 02916	
6. The name of the NEW registered agent is: Cheryl Turnquist			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY			
☒ Date received (Upon filing)			
☐ Later effective date (Date must be no more than 30 days from the date of filing) _____			
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.			
Name of Authorized Officer of the Corporation Cheryl Turnquist			Date 2/22/2024
Signature of Authorized Officer of the Corporation 			

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	2:55
	51
	FEB 26 2024
BY	CZ13R