State of Rhode Island and Providence Plantations No Fe Office of the Secretary of State
Division Of Business Services 148 W. River Street
Providence RI 02904-2615
(401) 222-3040
TOPE
Limited Liability Company Statement of Change of Address of the Resident Agent
(Section 7-16-11(c)(1) of the General Laws of Rhode Island, 1956, as amended)
SECTION I
The name of the limited liability company is
Embodied Liberation LLC
SECTION II
The address of the resident egent as DDESENTLY shown in the records on file with the Dhade Jaland
The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
ONE RICHMOND SQUARE STE 125B PROVIDENCE, RI 02906
SECTION III
The NEW address of the resident agent is:
No. and Street: 47 WOOD AVE. STE 2
City or Town: BARRINGTON State: RI Zip: 02806
SECTION IV
The change of address of the resident agent shall become effective upon the filing of this statement, or on (a date not prior to, nor more than 90 days after, filing this Statement)
Signed this 30 Day of April, 2020 at 6:22:12 PM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.
BILL HAVRE
Signature of Resident Agent
Form No. 642
Revised 09/07
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State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

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

and Providence Plantations, 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:

April 30, 2020 06:21 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

