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Filing Fee: \$20.00

ID Number



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

2012 NOV -7 AM 10:57

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: Justina Nails & Spa, LLC
2. The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: 742 Hope St. Providence, RI 02906 (crossed out) 1200 Hartford Ave Johnston, RI 02919
3. The NEW address of the resident agent is: 742 Hope St. Providence, RI 02906
4. The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: Robin Massoguin
5. The name of the NEW resident agent is: Justina R. Doak
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: NOV 5, 2012

Justina Nails & Spa, LLC
Print Name of Limited Liability Company

FILED

NOV 07 2012

[Signature]
Signature of Authorized Person

BY 1828105
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