Filing Fee: \$20.00 ID Number: 1006337



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

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: Willow Salon and Boutique, LLC			<u> </u>	_
2.		the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of			
	State is: 259 Thames Street, Unit 12 Bristol, RI 02809		Eller III	4.	
3.	The NEW address of the resident agent is: 259 Thames Street, Unit 12 Bristol, RI 02809		DEC 22		•
	259 Thames Street, Unit 12 Bristol, RI 02809		70	C.	_
4.	The name of the resident agent as PRESENTLY State is: Cheryl Bayuk	shown in the records on file with the Rhode Island	íš,	etary o	f -
5.	The name of the NEW resident agent is: Andrianna Lancellotta				
6.	The appointment of a new resident agent and the cl become effective upon the filing of this statement.	hange of address of the resident agent, as the case	may l	oe, shal	I
	1 1 .	Under penalty of perjury, I declare that the contained herein is true and correct.	e info	mation	1
Dat	e: 12/4/14	Willow Salan and Bould Print Name of Limited Liability Company		<u>, Lla</u>	a
	FILED	Signature of Authorized Person			_
	DEC 2.2 2014	Signisture of Authorized Person			
	ву2391049_	-			
	No. 642 sed: 12/05	ilp.m.			