



Statement of Change of Agent
 DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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 SECRETARY OF STATE
 CORPORATIONS DIV
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Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:



1. Entity ID Number 001662272		2. Exact Name of the Limited Liability Company LAVISH SALON AND SPA LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 6730 POST ROAD			
City/Town NORTH KINGSTOWN		State RHODE ISLAND	Zip 02852
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: BRENDA DIMON			
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 130 TOWER HILL ROAD			
City/Town NORTH KINGSTOWN		State RHODE ISLAND	Zip 02852
6. The name of the NEW resident agent is: DOMENIC A. MOSCA, JR.			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day of filing) _____			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.</i>			
Name of Authorized Person of the Limited Liability Company BRENDA DIMON, MANAGER:			Date SEPTEMBER 2, 2016
Signature of Authorized Person of the Limited Liability Company <i>Brenda Dimon, manager</i> SIGN DOCUMENT HERE			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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