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 SECRETARY OF STATE
 CORPORATIONS DIV

2016 SEP 19 AM 10:33

Statement of Change of Registered Office
 DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

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 <i>000790793</i>		2. Exact Name of the Corporation <i>SANCTUARY Clinical SKincare Studio, Inc</i>	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <i>2 Samuel Stephens Drive</i>			
City/Town <i>Lincoln</i>	State RHODE ISLAND	Zip <i>02865</i>	
4. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) <i>375 Wampanoag Trail Suite 105</i>			
City/Town <i>Riverside</i>	State RHODE ISLAND	Zip <i>02915</i>	
5. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX			
<input type="checkbox"/> Date received (Upon filing)			
<input checked="" type="checkbox"/> Later effective date (Date must be no more than 30 days from the day of filing) <u><i>10-17-16</i></u>			
6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct.</i>			
Name of the Registered Agent/Officer of the Corporation <i>Jennifer Toole</i>		Date <i>9-19-16</i>	
Signature of the Registered Agent/Officer of the Corporation <i>Jennifer Toole</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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BY *CA 10:33*