

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL <u>7-16-11</u> the undersigned limited liability company submits the following statement for the purpose of changing its resident office in the State of Rhode Island:

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1. Entity ID Number	2. Exact Name of the Limited Li	ability Company	2. Exact Name of the Limited Liability Company			
486386	AGAPE SKIN REJUVENATION CENTER, LLC					
3. The address of the resid	ent office as PRESENTLY shown in	n the records on file with the	RI Department of State:			
Street Address 8 BRENTON	ROAD SQUTH					
City/Town NEWPORT		tate RHODE ISLAND	^{Zip} 02840			
4. The address of the NEW	resident office is:	· · · · · ·	<u></u>			
Street Address (<u>NOT</u> a P.O. B	^{DX)} 174 BELLEVUE AVENUE SUIT	E 203				
City/Town NEWPORT		RHODE ISLAND	^{Zip} 02840			
5. Date when this Statemer	nt of Change of Resident Agent will	be effective: CHECK ONLY	ONE BOX			
✓ Date received (Upon f	ling)					
Later effective date (D	ate must be no more than 30 days	from the day of filing)				
Under penalty of perjury, I o Limited Liability Company,	leclare and affirm that I have exami and that all statements contained h	ined this Statement of Chan erein are true and correct.	ge of Resident Agent by the			
Name of Authorized Person of the Limited Liability Company			Date			
DANIELLE RINALDI - MEMBER			9-26-16			
Signature of Authorized Pe	son of the Limited Liability Compar	ıy	I			
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.rí.gov DET 24 2016

BY BY

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:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

