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Statement of Change of Agent
 DOMESTIC or FOREIGN Limited Liability Company
 → Filing Fee: \$20.00

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 787852	2. Exact Name of the Limited Liability Company Massage Health + Healing Energies, LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address	
City/Town	State RHODE ISLAND Zip
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: 49 Weybasset Street, Second Floor Providence RI 02903 Tobias Lederberg, Esq.	
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 12 Village Green North Apt A	
City/Town Riverside	State RHODE ISLAND Zip 02915
6. The name of the NEW resident agent is: Deborah De Angelis	
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 Deborah DeAngelis	Date 6-28-17
Signature of Authorized Person of the Limited Liability Company Deborah De Angelis 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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