



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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 R.I. DEPT. OF STATE
 BUS. SERVICES DIV.
 2017 OCT - 4 AM 11:03
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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 505896	2. Exact Name of the Limited Liability Company Y & J BEAUTY SUPPLIES, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 1200 RESERVOIR AVENUE		
City/Town CRANSTON	State RHODE ISLAND	Zip 02920
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: JOHN B. ENNIS		
5. The address of the NEW resident office is:		
Street Address (<u>NOT</u> a P.O. Box) 861 RESERVOIR AVENUE		
City/Town CRANSTON	State RHODE ISLAND	Zip 02910
6. The name of the NEW resident agent is: TAXPLUS, LLC		
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) _____		
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.		
Name of Authorized Person of the Limited Liability Company JUAN MATEO		Date 09/26/2017
Signature of Authorized Person of the Limited Liability Company  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

11:03

FILED AMP

OCT 04 2017

SECRETARY OF STATE
 USE ONLY

BY

