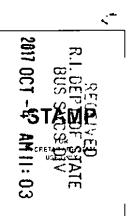
RI SOS Filing Number: 201750971480 Date: 10/4/2017 11:03:00 AM



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:

ollowing statement to: the pur	pose of changing its resident a	gont in the clate of throse les	
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
505896	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 (NOT a P.O. Box) 861 RESERVOIR AVENUE			
City/Town CRANSTON		RHODE ISLAND	^{Zip} 02910
6. The name of the NEW resident agent is:			
TAXPLUS, LLC			
Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX			
Date received (Upon filing)			
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			Date
JUANTMATEO			09/26/2017
Signature of Authorized Person of the Limited Liability Company			
JUDILE 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

FORM 642 - Revised 07/2016