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

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	2. Exact Name of the Corporation
001679323	L & S NAILS AND SPA INC

3. The address of the registered office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address		
120 Point Judith Rd. unit 4A		
City/Town: Narragansett	State: **RHODE ISLAND**	Zip: 02882

4. The address of the **NEW** registered office is:

Street Address (NOT a P.O. Box)		
100 Almeida Terrace #G-203		
City/Town: Portsmouth	State: **RHODE ISLAND**	Zip: 02871

5. Date when this Statement of Change of Registered 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) _____

6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).

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.

Name of the Registered Agent/Officer of the Corporation	Date
Fulong Li	1/26/2018

Signature of the Registered Agent/Officer of the Corporation

Fu Long Li 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

FILED
JAN 29 2018
BY A.A. 2:10pm.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 JAN 29 PM 2:10

FORM 640A - Revised: 06/2016