



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

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 CORPORATIONS DIV

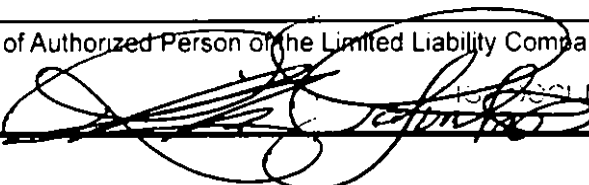
2018 MAY 10 PM 1:02

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 001268867		2. Exact Name of the Limited Liability Company Hair Lab LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State			
Street Address 328 Wickenden Street			
City/Town Providence	State RHODE ISLAND	Zip 02906	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State Frank Sciacca, Esq. at 1312 Atwood Ave Johnston, RI 02919			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 328 Wickenden Street			
City/Town Providence	State RHODE ISLAND	Zip 02906	
6. The name of the NEW resident agent is: Riki Palumbo			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
☒ Date received (Upon filing)			
☐ Later effective date (Date must be no more than 30 days from the date 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 Riki Palumbo			Date
Signature of Authorized Person of the Limited Liability Company 			

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

MAY 29 2018

BY CU 331466