RI SOS Filing Number: 201867603650 Date: 5/29/2018 12:33:00 PM

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

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SECRETARY OF STATE
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	2. Exact Name of the Limited Liability Company
001268867	**Hair Lab LLC**

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

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Street Address ~~328 Wickenden Street~~

City/Town	State	Zip
Providence	**RHODE ISLAND**	**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	State	Zip
Providence	**RHODE ISLAND**	**02906**

6. The name of the **NEW** resident agent is:

Riki Palumbo

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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	Date
Riki Palumbo	

Signature of Authorized Person of the Limited Liability Company

SIGN ABOVE THIS LINE

FILED

MAY 29 2018 12:33

BY 331466

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov