



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

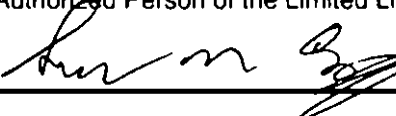
2018 JUN 15 AM 11:26

**Statement of Change of Office**

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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 office **ONLY** in the State of Rhode

1. Entity ID Number <b>000794083</b>		2. Exact Name of the Limited Liability Company <b>Susan Michaels Salon, LLC</b>	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address <b>55 Twin Brook Lane</b>			
City/Town <b>Coventry</b>	State <b>RHODE ISLAND</b>	Zip <b>02816</b>	
4. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) <b>18 ReJane Street</b>			
City/Town <b>Coventry</b>	State <b>RHODE ISLAND</b>	Zip <b>02816</b>	
5. Date when this Statement of Change of Resident Office will be effective: <b>CHECK ONE BOX ONLY</b>			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> 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 Office by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company <b>Susan M. Cinquegrana</b>		Date <b>06/14/2018</b>	
Signature of Authorized Person of the Limited Liability Company  <b>PERSON DOCUMENT HERE</b>			

**MAIL TO:**

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

**FILED**

JUN 15 2018 11:26

BY CN 332800