



SECRETARY OF STATE
 CORPORATIONS DIV
 2019 APR - 3 AM 11:22

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 001672610	2. Exact Name of the Limited Liability Company RADIANT ESTHETICS, LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State	
Street Address 47 STANDISH ROAD	
City/Town JAMESTOWN	State RHODE ISLAND Zip 02835
4. The address of the NEW resident office is:	
Street Address (<u>NOT</u> a P.O. Box) 26 PARDON TUCKER PLACE	
City/Town JAMESTOWN	State RHODE ISLAND Zip 02835
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY	
<input checked="" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
<i>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.</i>	
Name of Authorized Person of the Limited Liability Company JANA MAGARIAN	Date 4/1/2019
Signature of Authorized Person of the Limited Liability Company SIGN 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

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