



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

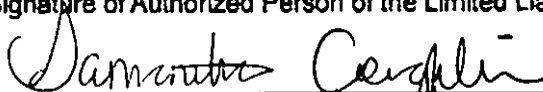
2019 AUG 23 PM 12:14  
 R.I. DEPT. OF STATE  
 BUS. SVCS. DIV.

### 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<br><b>000998197</b>   |                              | 2. Exact Name of the Limited Liability Company<br><b>Salon Stella, 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>1A Maguire Place</b>  |                              |  |                        |
| City/Town<br><b>Exeter</b>  | State<br><b>RHODE ISLAND</b> | Zip<br><b>02822</b>  |                        |
| 4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br><b>Nathan Coughlin</b>   |                              |  |                        |
| 5. The address of the <b>NEW</b> resident office is:  |                              |  |                        |
| Street Address ( <u>NOT</u> a P.O. Box) <b>705 South County Trail</b>   |                              |  |                        |
| City/Town<br><b>Exeter</b>  | State<br><b>RHODE ISLAND</b> | Zip<br><b>02822</b>  |                        |
| 6. The name of the <b>NEW</b> resident agent is:<br><b>Samantha Coughlin</b>  |                              |  |                        |
| 7. Date when this Statement of Change of Resident Agent will be effective: <b>CHECK ONE BOX ONLY</b>  |                              |  |                        |
| <input checked="" type="checkbox"/> Date received (Upon filing)<br><input type="checkbox"/> Later effective date (Date must be no more than 90 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<br><b>Samantha Coughlin</b>  |                              |  | Date<br><b>8/21/19</b> |
| Signature of Authorized Person of the Limited Liability Company<br>  |                              |  |                        |

**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**

**AUG 23 2019**

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