



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 000998197	2. Exact Name of the Limited Liability Company Salon Stella, LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 1A Maguire Place	
City/Town Exeter	State RHODE ISLAND Zip 02822
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Nathan Coughlin	
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 705 South County Trail	
City/Town Exeter	State RHODE ISLAND Zip 02822
6. The name of the NEW resident agent is: Samantha Coughlin	
7. Date when this Statement of Change of Resident Agent 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 Agent 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 Samantha Coughlin	Date 8/21/19
Signature of Authorized Person of the Limited Liability Company <small>Signature of Authorized Person of the Limited Liability Company</small>	

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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