



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

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2019 DEC 12 PM 12:15

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 000534279	2. Exact Name of the Limited Liability Company JM Stylist LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 190 Kenyon Avenue		
City/Town East Greenwich	State RHODE ISLAND	Zip
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Jill Marinelli		
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 65 Eugene Street		
City/Town East Greenwich	State RHODE ISLAND	Zip
6. The name of the NEW resident agent is: Jill Marinelli		
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) _____		
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 Jill Marinelli	Date 12/4/19	
Signature of Authorized Person of the Limited Liability Company SIGN DOCUMENT 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

12:15

FILED
 DEC 12 2019

BY _____



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

December 12, 2019 12:15 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

