



State of Rhode Island

Department of State - Business Services Division

 2020 OCT 14 AM 9:24
 RI DEPT OF STATE
 BUS SVCS DIV
Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: ~~\$20.00~~ *no 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 agent in the State of Rhode Island:

1. Entity ID Number 000690499		2. Exact Name of the Limited Liability Company SKINPROS, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 22 RED BROOK CROSSING			
City/Town LINCOLN	State RHODE ISLAND	Zip 02865	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: ANTONIO P. CRUZ			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 1287 NORTH MAIN STREET			
City/Town PROVIDENCE	State RHODE ISLAND	Zip 02904	
6. The name of the NEW resident agent is: ANTONIO P. CRUZ			
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 ANTONIO P. CRUZ MD		Date 10/08/2020	
Signature of Authorized Person of the Limited Liability Company 			

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

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State of Rhode Island

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,
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:

October 14, 2020 09:24 AM

A handwritten signature in blue ink, reading "Nellie M. Gorbea". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Nellie M. Gorbea
Secretary of State

