



State of Rhode Island

## Department of State - Business Services Division

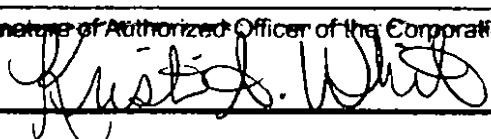
## Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

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Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

|                                                                                                                                                                                                     |                    |                                                                     |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------|--|
| 1. Entity ID Number<br>001682413                                                                                                                                                                    |                    | 2. Exact Name of the Corporation<br>HAIRCRAFT DESIGNS AND SPA, INC. |  |
| 3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:                                                                           |                    |                                                                     |  |
| Street Address 15 FRANKLIN ST.                                                                                                                                                                      |                    |                                                                     |  |
| City/Town WESTERLY                                                                                                                                                                                  | State RHODE ISLAND | Zip 02891                                                           |  |
| 4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>GEORGE A. COMOLI                                                           |                    |                                                                     |  |
| 5. The address of the <b>NEW</b> registered office is:                                                                                                                                              |                    |                                                                     |  |
| Street Address (NOT a P.O. Box) 36 WELLS ST.                                                                                                                                                        |                    |                                                                     |  |
| City/Town WESTERLY                                                                                                                                                                                  | State RHODE ISLAND | Zip 02891                                                           |  |
| 6. The name of the <b>NEW</b> registered agent is:<br>JANNE REISCH, ESQ.                                                                                                                            |                    |                                                                     |  |
| 7. Date when this Statement of Change of Registered Agent will be effective: <b>CHECK ONE BOX ONLY</b>                                                                                              |                    |                                                                     |  |
| <input checked="" type="checkbox"/> Date received (Upon filing)                                                                                                                                     |                    |                                                                     |  |
| <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____                                                                                     |                    |                                                                     |  |
| Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct. |                    |                                                                     |  |
| Name of Authorized Officer of the Corporation<br>KRISTIN WHITE                                                                                                                                      |                    | Date<br>1/26/21                                                     |  |
| Signature of Authorized Officer of the Corporation<br>                                                           |                    |                                                                     |  |

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## 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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