



State of Rhode Island

Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2021 JUL 15 P 3:13

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 001699448		2. Exact Name of the Limited Liability Company Houndstooth Mobile Grooming LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 222 Jefferson Boulevard Suite 200.			
City/Town Warwick		State RHODE ISLAND	Zip 02888
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: United States Corporation Agent, INC.			
5. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) 14 Lowell Drive			
City/Town Johnston		State RHODE ISLAND	Zip 02919
6. The name of the NEW resident agent is: Michaela Schandelmayer-Davis			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
☐ Date received (Upon filing)			
☐ 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 Michaela Schandelmayer-Davis			Date 07/15/2021
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

STAMP

JUL 15 2021

BY **P/WGXJ6**

3:14