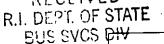
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Department of State - Business Services Division

2021 NOV 22 A 8: 56

Statement of Change of Agent DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

STAMP

1. Entity ID Number	rpose of changing its resident agent in the State of Rhode Island: 2. Exact Name of the Limited Liability Company		
001710473	EVERLASTING BEAUTY DESIGN LLC		
	t office as PRESENTLY shown	in the records on file with the	RI Department of State:
Street Address 557 KILLINGLY			
Zio.			Zip 02010
City/Town JOHNSTON		State RHODE ISLAND	02919
4. The name of the resident a	gent as PRESENTLY shown in	the records on file with the R	Department of State:
LUCIANA MELENDEZ			
5. The address of the NEW re	esident office is:		
Street Address (NOT a P.O. Box	557 KILLINGLY STREET		
City/Town JOHNSTON		State RHODE ISLAND	^{Zip} 02919
6. The name of the NEW resi	dent agent is:		
LUCIANA MELENDEZ			
7. Date when this Statement	of Change of Resident Agent w	vill be effective: CHECK ONE	BOX ONLY
Date received (Upon filin	-		
Later effective date (Date	e must be no more than 90 day	ys from the date of filing)	
Under penalty of perjury, I de Limited Liability Company, an	clare and affirm that I have exa d that all statements contained	mined this Statement of Chan I herein are true and correct.	ge of Resident Agent by the
Name of Authorized Person of the Limited Liability Company			Date
LUCIANA MELENDEZ			11/16/2021
Signature of Authorized Perso	on of the Limited Liability Comp	pany	· · · · · · · · · · · · · · · · · · ·
Luciania Melen			

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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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:

November 22, 2021 08:56 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

