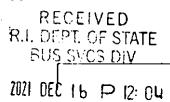
RI SOS Filing Number: 202107177090 Date: 12/16/2021 12:07:00 PM





**Statement of Change of Agent** 

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions following statement for the	s of RIGL <u>7-16-11</u> the undersigned b purpose of changing its resident a	limited liability company submi agent in the State of Rhode Isla	its the and:	
1. Entity ID Number		2. Exact Name of the Limited Liability Company		
000691628	VANITY ENTERTAINMENT GROUP, LLC			
3. The address of the res	sident office as PRESENTLY shows	n in the records on file with the	RI Department of State:	
Street Address 39 PIKE S	TREET, LOWER LEVEL			
City/Town Providence		State RHODE ISLAND	<sup>Zip</sup> 02903	
4. The name of the reside	ent agent as PRESENTLY shown i	n the records on file with the R	I Department of State:	
Jeffrey Quinlan				
5. The address of the NEW resident office is:				
Street Address ( <u>NOT</u> a P.O.	Box) 78 Kenwood Street			
City/Town Cranston		State RHODE ISLAND	Zip 02907	
6. The name of the <b>NEW</b>	resident agent is:	<u> </u>		
Brian LaPlante, Esq.				
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY				
Date received (Upor	n filing)		***	
Later effective date (Date must be no more than 90 days from the date of filing)				
	I declare and affirm that I have exa y, and that all statements contained		nge of Resident Agent by the	
Name of Authorized Person of the Limited Liability Company  Date				
Jeffrey M. Quinlan			112.17.71	
Signature of Authorized F	Person of the Limited Liability Com	pany		
	6			
7	7			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov DEC 1 6 2021 BYD 3XQ6S