State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 DEC 21 PM 1:54

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: $20.00

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	2. Exact Name of the Limited Liability Company
000221290	Therapy Clothing Boutique, LLC

3. The address of the resident office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address		
71 Main Street		
City/Town: Wakefield	State: **RHODE ISLAND**	Zip: 02879

4. The name of the resident agent as **PRESENTLY** shown in the records on file with the RI Department of State:

Kahoe RAFS, LLC

5. The address of the **NEW** resident office is:

Street Address (NOT a P.O. Box)		
343b Main St		
City/Town: Wakefield	State: **RHODE ISLAND**	Zip: 02879

6. The name of the **NEW** resident agent is:

Candace S Brown

7. Date when this Statement of Change of Resident Agent will be effective: **CHECK ONE BOX ONLY**

- [x] 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	Date
Candace S Brown	12-6-2021

Signature of Authorized Person of the Limited Liability Company

Candace S Brown

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DEC 21 2021

BY BSVV

MAIL TO:
Division of Business Services
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