



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

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 000535118		2. Exact Name of the Limited Liability Company Georgia Nails LLC.	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 3 Commerce Street #6			
City/Town Greenville	State RHODE ISLAND	Zip 02828	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Corey Tran			
5. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) 3 Commerce Street #6			
City/Town Greenville	State RHODE ISLAND	Zip 02828	
6. The name of the NEW resident agent is: Kathy S. Keodangdy			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> 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 Kathy S. Keodangdy		Date JAN/27/2022	
Signature of Authorized Person of the Limited Liability Company 			

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2022 JAN 28 PM 12:58

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

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FILED**JAN 28 2022****BY 96935**