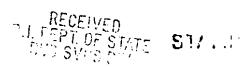


Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00



2023 KAR 24 P 3: 13

1. Entity ID Number	ntity ID Number 2. Exact Name of the Corporation			
001667576	Salon Sapphire I	Salon Sapphire by Sabrina Marie, Inc.		
3. The address of the reg	istered office as PRESEN	TLY shown in the records on file wit	h the RI Department of State:	
	goowin or	Avenul		
City/Town Johnston		State RHODE ISLAND	Zip 02919	
4. The name of the regis	tered agent as PRESENTL	Y shown in the records on file with	the RI Department of State:	
Eunis & Associates CPA	Inc			
5. The address of the NE	W registered office is:	- ·· -	·-··	
Street Address (<u>NOT</u> a P.O	Box) 1571 Atwood Avenue	e		
City/Town Johnston		State RHODE ISLAND	Zip 02919	
6. The name of the NEW	registered agent is:	•	•	
Sabrina M Fuoco				
7. Date when this Staten	nent of Change of Register	ed Agent will be effective: CHECK (ONE BOX ONLY	
✓ Date received (Upo	n filing)			
Later effective date	(Date must be no more that	an 30 days from the date of filing) _		
	I declare and affirm that I is statements contained here	have examined this Statement of Cl in are true and correct.	hange of Registered Agent by the	
Name of Authorized Office	er of the Corporation		Date	
Rabecca L Eunis V President			3/24/2023	
Signature of Authorized	Officer of the Corporation			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 84 2023 BY OXEY AA.B. ITPM.