



State of Rhode Island  
Department of State - Business Services Division

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 OCT -6 A 10:13

**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 001688089		2. Exact Name of the Limited Liability Company J MADE HAIR SALON & SPA LLC	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address			
City/Town		State <b>RHODE ISLAND</b>	Zip
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
5. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) 784 PARK AVE			
City/Town Cranston		State <b>RHODE ISLAND</b>	Zip 02910
6. The name of the <b>NEW</b> resident agent is: JACQUELINE MADE			
7. Date when this Statement of Change of Resident Agent will be effective: <b>CHECK ONE BOX ONLY</b>			
<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 JACQUELINE MADE			Date 09/28/2023
Signature of Authorized Person of the Limited Liability Company 			

**MAIL TO:**

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

FILED

OCT - 6 2023

BY BPDQM