State of Rhode Island
Department of State - Business Services Division

Statement of Change of Agent
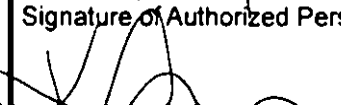DOMESTIC or FOREIGN Limited Liability Company

→ 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	2. Exact Name of the Limited Liability Company
001753727	Hair by Kim Sousa, LLC

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

Street Address		
1051 Putnam Pike		
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:

Jonathan L. Ucron CPA

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

Street Address (NOT a P.O. Box)		
66 Taunton Avenue		
City/Town East Providence	State **RHODE ISLAND**	Zip 02914

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

Kimberly Sousa

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

☒ 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
Kimberly Sousa	1/25/2024

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

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BY S65VE

FORM 642 - Revised 4/2023