



State of Rhode Island
Department of State - Business Services Division

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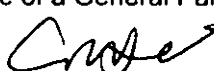
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Statement of Change of Registered Office

DOMESTIC or FOREIGN Partnership

→ No Filing Fee

Pursuant to the provisions of RIGL 7-13.1-118 or 7-12.1-909 the undersigned partnership submits the following statement for the purpose of changing its registered office **ONLY** in the State of Rhode Island:

| | | | |
|--|--|--|--------------------------|
| 1. Entity ID Number 001748015 | | 2. Exact Name of the Partnership Beyond Beauty Medspa RI LLP | |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address 1635 MINERAL SPRING AVENUE, SUITE 207 | | | |
| City/Town NORTH PROVIDENCE | | State RHODE ISLAND | Zip Code 02904 |
| 4. The address of the NEW registered office is: | | | |
| Street Address (<u>NOT</u> a P.O. Box) 96 ROLFE SQUARE | | | |
| City/Town CRANSTON | | State RHODE ISLAND | Zip Code 02910 |
| Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office by the Partnership, and that all statements contained herein are true and correct. | | | |
| Name of a General Partner or Authorized Person of the Partnership CORSETTA ANTWI | | | Date 3/4/2024 |
| Signature of a General Partner or Authorized Person of the Partnership  | | | |

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
MAR - 4 2024
BY _____