



State of Rhode Island
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

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Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: NO FEE

Pursuant to the provisions of RIGL ~~7-12-602~~ or ~~7-12-1409~~ the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

| | | | |
|--|---------------------------|--|---------------------------|
| 1. Entity ID Number 001729017 | | 2. Exact Name of the Corporation <u>LLC</u> MARJORIE BEAUTY STUDIO LLC | |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address 6 FORSYTH STREET | | | |
| City/Town PROVIDENCE | State RHODE ISLAND | Zip 02908 | |
| 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: MARJORIE C. ORTIZ SILVA | | | |
| 5. The address of the NEW registered office is: | | | |
| Street Address (<u>NOT</u> a P.O. Box) 6 FORSYTH ST | | | |
| City/Town PROVIDENCE | State RHODE ISLAND | Zip 02908 | |
| 6. The name of the NEW registered agent is: MARJORIE C. ALVARADO | | | |
| 7. Date when this Statement of Change of Registered 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 30 days from the date of filing) _____ | | | |
| <i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.</i> | | | |
| Name of Authorized Officer of the Corporation | | | Date 03/14/2024 |
| Signature of Authorized Officer of the Corporation <i>Marjorie Alvarado</i> | | | |

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 ★