RESOS Filing Number: 202461605020 Date: 12/13/2024 10:14:00 AM



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD '24 DEC 13 AK 10: 13:0

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL <u>7-16-11</u> the undersigned limited liability company submits the following statement for the purpose of changing its resident office **ONLY** in the State of Rhode Island:

2. Exact Name of the Limited Liability Company		
001715491 MG HAIR STYLE & EYEBROWS LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 9 KENDALL ST		
s	State RHODE ISLAND	^{Zip} 02863
4. The address of the NEW resident office is:		
Street Address (NOT a P.O. Box) 9 CARMINE DRIVE		
DENCE	State RHODE ISLAND	^{Zip} 02911
5. Date when this Statement of Change of Resident Office 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 Office by the Limited Liability Company, and that all statements contained herein are true and correct.		
of the Limited Liability Company	1	Date
CIA MORALES		12-12-24
Signature of Authorized Person of the Limited Liability Company		
Yeny Garag		
	MG HAIR STYLE & Ent office as PRESENTLY shown ST S esident office is: 9 CARMINE DRIVE DENCE of Change of Resident Office wing) e must be no more than 90 day clare and affirm that I have exampled that all statements contained of the Limited Liability Company CIA MORALES	MG HAIR STYLE & EYEBROWS LLC It office as PRESENTLY shown in the records on file with the ST State RHODE ISLAND esident office is: 9 CARMINE DRIVE State RHODE ISLAND of Change of Resident Office will be effective: CHECK ONE Ing) e must be no more than 90 days from the date of filing) clare and affirm that I have examined this Statement of Change of the Limited Liability Company CIA MORALES on 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.n.gov DEC 13 2024 BY 1A · 1D 14 AM. RI SOS Filing Number: 202461605020 Date: 12/13/2024 10:14:00 AM



I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

December 13, 2024 10:14 AM

Gregg M. Amore Secretary of State

Treg M. Coure

