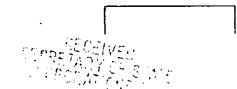


RI SOS Filing Number: 202461875450 Date: 12/30/2024 1:36:00 PM





Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00 Name Change/no See

2824 DEC 30 PM 1: 36

Pursuant to the provisions of F following statement for the pur	RIGL <u>7-16-11</u> the undersigned li		
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
8507374882015	The Holistic Trick LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 6 Westport Harbor RD Unit E			
City/Town Little Compton		State RHODE ISLAND	^{Zip} 02837
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
Haley Pollock			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 691 Main St			
City/Town Warren		State RHODE ISLAND	^{Zip} 02885
6. The name of the NEW resident agent is: Haley Rego			
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
Hully A Reys			17-91-94
Signature of Authorized Person of the Limited Liability Company Aday A Rogo			
J 0			

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**

DEC 30 2024