

State of Rhode Island
Department of State - Business Services DivisionRECEIVED
SECRETARY OF STATE
2024 DEC 30 PM 1:36

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Name Change/no fee

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 850737400 1702015		2. Exact Name of the Limited Liability Company 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			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> 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 Haley A Rego			Date 12-21-24
Signature of Authorized Person of the Limited Liability Company Haley A Rego			

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