



State of Rhode Island  
 Department of State - Business Services Division

REC'D RIDOS BSD  
 25 APR 18 PM 12:56:40

**Statement of Change of Agent**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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 001758843	2. Exact Name of the Limited Liability Company PARAGON BODY ART LLC	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Street Address 51 JEFFERSON BLVD.		
City/Town WARWICK	State RHODE ISLAND	Zip 02888
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: JARED M. TOMASSI, ESQ		
5. The address of the <b>NEW</b> resident office is: Street Address (NOT a P.O. Box) 10 ELMGROVE AVENUE		
City/Town PROVIDENCE	State RHODE ISLAND	Zip 02906
6. The name of the <b>NEW</b> resident agent is: MIRIAM A. ROSS, ESQ.		
7. Date when this Statement of Change of Resident Agent will be effective: <b>CHECK ONE BOX ONLY</b> <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 AUTUMN R. BISHOP	Date 04/18/2025	
Signature of Authorized Person 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.ri.gov

**FILED**

APR 18 2025  
 BY VQ 857  
 AA. 12:56 pm.