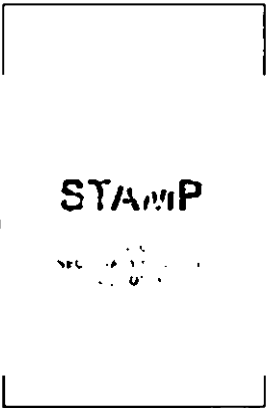




State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 MAR 4 PM 3:52:42



Statement of Change of Registered Office

DOMESTIC or FOREIGN Partnership

→ No Filing Fee

Pursuant to the provisions of RIGL 7-13.1-118 or 7-12.1-909 the undersigned partnership submits the following statement for the purpose of changing its registered office **ONLY** in the State of Rhode Island:

| | | | |
|--|------------------------------|--|--|
| 1. Entity ID Number 001748015 | | 2. Exact Name of the Partnership Beyond Beauty Medspa RI LLP | |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address 1635 MINERAL SPRING AVENUE, SUITE 207 | | | |
| City/Town NORTH PROVIDENCE | State RHODE ISLAND | Zip Code 02904 | |
| 4. The address of the NEW registered office is: | | | |
| Street Address (NOT a P.O. Box) 96 ROLFE SQUARE | | | |
| City/Town CRANSTON | State RHODE ISLAND | Zip Code 02910 | |
| Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office by the Partnership, and that all statements contained herein are true and correct. | | | |
| Name of a General Partner or Authorized Person of the Partnership CORSETTA ANTWI | | Date 3/4/2024 | |
| Signature of a General Partner or Authorized Person of the Partnership <i>[Handwritten Signature]</i> | | | |

MS FILED *3SA*
MAR - 4 2024
BY _____

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov