



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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BUS SVCS DIV

2016 NOV 10 PM 12:14

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00 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 506138 | | 2. Exact Name of the Limited Liability Company Global Consulting Group LLC | |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address 24 Patricia Ann Drive | | | |
| City/Town Bristol | | State RHODE ISLAND | Zip 02809 |
| 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: JOSEPH GAINES | | | |
| 5. The address of the NEW resident office is: | | | |
| Street Address (NOT a P.O. Box) 4 Village Rd | | | |
| City/Town WARREN | | State RHODE ISLAND | Zip 02885 |
| 6. The name of the NEW resident agent is: JOSEPH GAINES | | | |
| 7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX | | | |
| <input checked="" type="checkbox"/> Date received (Upon filing) | | | |
| <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day 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 JOSEPH GAINES | | | Date 11/10/16 |
| Signature of Authorized Person of the Limited Liability Company Joseph W. Garner | | | |

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

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