

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



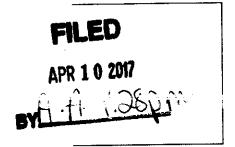
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Statement of Change of Office DOMESTIC or FOREIGN Limited Liability Company

 \rightarrow No Filing Fee

Pursuant to the provisions of F	RIGL <u>7-16-11</u> the undersigned li pose of changing its resident o	mited liability company submit ffice in the State of Rhode Isla	s the
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
799811	GT STRATEGIES LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
		Srute 6	
City/Town EAST Call	unich	State RHODE ISLAND	Zip 0288
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 24 ROSEGARDEN STREET			
City/Town WARWICK		State RHODE ISLAND	^{Zip} 02888
5. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX			
Date received (Upon filing)			
Later effective date (Date must be no more than 30 days from the day of filing)			
Under penalty of periury, I de	clare and affirm that I have exa nd that all statements contained	mined this Statement of Char	nge of Resident Agent by the
Name of Authorized Person of the Limited Liability Company			Date
PAUL E. CARY			04/06/2017
Signature of Authorized Pers	on of the Limited Liability Comp	pany	
1 And the second		UMENT HERE	

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





State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island

and Providence Plantations, hereby certify that this document, duly executed in

accordance with the provisions of Title 7 of the General Laws of Rhode Island, as

amended, has been filed in this office on this day:

April 10, 2017 01:28 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

