



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

**Statement of Change of Office**

DOMESTIC or FOREIGN Limited Liability Company

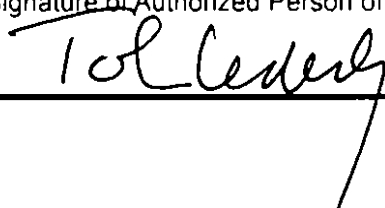
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R.I. DEPT. OF STATE  
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2017 SEP 29 AM 11:03

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SECRETARY OF STATE  
USE ONLY

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 office in the State of Rhode Island:

1. Entity ID Number <b>927091</b>	2. Exact Name of the Limited Liability Company <b>GT GROWTH &amp; TRANSITION STRATEGIES, LLC</b>	
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 <b>49 WEYBOSSET STREET, 2ND FLOOR</b>		
City/Town <b>PROVIDENCE</b>	State <b>RHODE ISLAND</b>	Zip <b>02903</b>
4. The address of the <b>NEW</b> resident office is:		
Street Address ( <u>NOT</u> a P.O. Box) <b>400 WESTMINSTER STREET, SUITE 200</b>		
City/Town <b>PROVIDENCE</b>	State <b>RHODE ISLAND</b>	Zip <b>02903</b>
5. 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 <b>TOBIAS LEDERBERG</b>		Date <b>9/29/2017</b>
Signature of Authorized Person of the Limited Liability Company  <b>SIGN DOCUMENT HERE</b>		

**FILED** ←

SEP 29 2017

BY Ch 11:03**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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SECRETARY OF STATE  
USE ONLY



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:

September 29, 2017 11:03 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

