



**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 <b>1337890</b>		2. Exact Name of the Limited Liability Company <b>TG HOLDINGS, 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>ONE TURKS HEAD PLACE, SUITE 312</b>			
City/Town <b>PROVIDENCE</b>	State <b>RHODE ISLAND</b>	Zip <b>02903</b>	
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <b>GEORGE J WEST</b>			
5. The address of the <b>NEW</b> resident office is: Street Address ( <u>NOT</u> a P.O. Box) <b>333 WHITE HORN DRIVE</b>			
City/Town <b>KINGSTON</b>	State <b>RHODE ISLAND</b>	Zip <b>02881</b>	
6. The name of the <b>NEW</b> resident agent is: <b>TIMOTHY GRAY</b>			
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) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company <b>TIMOTHY GRAY</b>		Date <b>3/20/19</b>	
Signature of Authorized Person of the Limited Liability Company 		SIGN DOCUMENT 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

11:14

**FILED**  
**STAMP**  
**MAR 27 2019**  
 BY