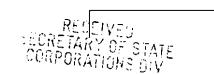
RI SOS Filing Number: 201989430680 Date: 3/28/2019 1:11:00 PM





Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

2019 MAR 28 PM T: 11 3

Entity ID Number	2. Exact Name of the Corporation			
000076959	GMG MANAGEN	GMG MANAGEMENT CORP.		
3. The address of the reg	istered office as PRESENTLY sh	nown in the records on file with th	ne RI Department of State:	
Street Address 293 PRO	MENADE AVENUE		<u> </u>	
City/Town WARWICK		State RHODE ISLAND	Zip 02886	
4. The name of the regis	ered agent as PRESENTLY show	wn in the records on file with the	RI Department of State:	
BARBARA T. GANNON				
5. The address of the NE	•			
Street Address (NOT a P.O.	Box) 301 PROMENADE STREE	iT		
City/Town PROVIDENCE		State RHODE ISLAND	Zip 02908	
6. The name of the NEW	registered agent is:			
KAREN G. DELPONTE,	ESQUIRE.			
7. Date when this Staten	ent of Change of Registered Age	ent will be effective: CHECK ON	E BOX ONLY	
✓ Date received (Upo	n filing)			
Later effective date	(Date must be no more than 30 o	days from the date of filing)	· · · -	
	I declare and affirm that I have e statements contained herein are		ge of Registered Agent by the	
Name of Authorized Officer of the Corporation			Date	
BARBARA T. GANNON			3/24/19	
Signature of Authorized	Officer of the Corporation SIGN DO	CUMENT 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 FILED

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