



**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>159790</b>		2. Exact Name of the Limited Liability Company <b>ASG 2013 FAMILY, LLC</b>	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address <b>29 Ice Pond Road</b>			
City/Town <b>Westerly</b>		State <b>RHODE ISLAND</b>	Zip <b>02891</b>
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: <b>Joan A. McCormick</b>			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) <b>36 Washington Square</b>			
City/Town <b>Newport</b>		State <b>RHODE ISLAND</b>	Zip <b>02840</b>
6. The name of the NEW resident agent is: <b>Mark B. Bardorf</b>			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
<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>LEONARD GRAUER</b>			Date <b>5-23-19</b>
Signature of Authorized Person of the Limited Liability Company <i>Leonard Grauer</i> 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

12:30

**FILED**  
 STATE  
 MAY 31 2019

BY *JTB DT3YV*