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Department of State - Business Services Division

R.I. DEPT. OF STATE BUS DVCS DIV

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Statement of Change of OfficeDOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

•	RIGL <u>7-16-11</u> the undersigned li pose of changing its resident o		
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
1678054	AGT, I.I.C		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 681 Smith Street			
City/Town Providence		State RHODE ISLAND	Zip 02908
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 1130 Ten Rod Road, Suite F-201			
City/Town North Kingstown		State RHODE ISLAND	Zip 02852
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY			
✓ Date received (Upon filing)			
Later effective date (Date must be no more than 90 days from the date of filing)			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Office by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company			Date
Mark Portesi			10/10/20
Signature of Authorized Person of the Limited Liability Company			
mut Portesi			

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

October 20, 2020 09:57 AM

Nellie M. Gorbea Secretary of State

Tullin U. Horler

