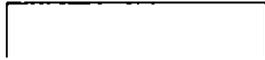




State of Rhode Island  
**Department of State - Business Services Division**



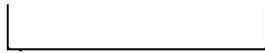
**Statement of Change of Agent**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2022 NOV 17 A 9:58

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<br><b>000930874</b>  | 2. Exact Name of the Limited Liability Company<br><b>LGM ASSOCIATES, 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:<br>Street Address <b>144 MEDWAY STREET</b>   |  |
| City/Town <b>PROVIDENCE</b>  | State <b>RHODE ISLAND</b> Zip <b>02906</b>                                   |
| 4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br><b>RONALD C. MARKOFF</b>  |  |
| 5. The address of the <b>NEW</b> resident office is:<br>Street Address ( <u>NOT</u> a P.O. Box) <b>10 WEYBOSSET STREET, SUITE 8</b>  |  |
| City/Town <b>PROVIDENCE</b>  | State <b>RHODE ISLAND</b> Zip <b>02903-2808</b>                              |
| 6. The name of the <b>NEW</b> resident agent is:<br><b>MARC B. GERTSACOV</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<br><b>PAUL GRIESINGER, MEMBER</b>   | Date<br><b>11/15/22</b>  |
| Signature of Authorized Person of the Limited Liability Company<br>  |  |

**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 958**  
**NOV 17 2022**  
**BY MS GCRP**