



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. SERVICES DIVISION
 2023 MAR 29 10:09 AM '23

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 1675081		2. Exact Name of the Limited Liability Company GYMT REALTY, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 2374 POST ROAD			
City/Town WARWICK		State RHODE ISLAND	Zip 02886
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: JAME LAWRENCE			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 987 GREAT ROAD			
City/Town LINCOLN		State RHODE ISLAND	Zip 02865
6. The name of the NEW resident agent is: GEORGE R TRUESDALE			
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 GEORGE R TRUESDALE			Date 3-29-2023
Signature of Authorized Person of the Limited Liability Company <i>George R Truesdale</i>			

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
 STAMP
 MAR 29 2023**
 BY **ML SKZK**
 9:04