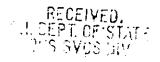


Application for Transfer of Authority

FOREIGN Business Corporation, Limited Partnership, Limited Liability Company, Limited Liability Partnership or Non-Profit Corporation



2024 JAN 26 P 1: 26

Pursuant to the applicable provisions of RIGL Title $\underline{7}$, the undersigned duly qualified foreign entity submits the following application for the purpose of transferring its authority to conduct business in the State of Rhode Island to:

1. Entity ID Number:	2. The full name of the entity filing this application is:		
000139202	UTGR, Inc.		
3. The applicant is a duly qualified foreign: (CHECK ONE BOX ONLY)			
Limited Liability Company	✓ Business Cor	poration Non-Profit Corporation	
Limited Partnership	Limited Liability Partnership		
4. The applicant submits this application for the purpose of transferring its authority to a: (CHECK ONE BOX ONLY)			
X Limited Liability Company (RIGL <u>7-16-52.1</u>)		Business Corporation (RIGL 7-1.2-1411.1)	
, , , , , , , , , , , , , , , , , , ,		Limited Partnership or Limited Liability Limited Partnership (RIGL <u>7-13.1-1009</u>)	
Limited Liability Partnership (RIGL <u>7-12.1-1009)</u>			
5. The date the applicant qualified to conduct business in		6. The jurisdiction upon transfer of authority is:	
Rhode Island is: 04-06-2004		Delaware	
7. The name of the entity following the transfer of authority is:			
UTGR, LLC			
8. The application for transfer of authority is filed as an accompanying certificate to the: CHECK ONE BOX ONLY			
Application for registration for a Limited Liabilty Company			
Application for certificate of authority for a Business Corporation			
Application for certificate of authority for a Non-Profit Corporation			
Statement of registration for a Limited Partnership			
Statement of registration for a registered Limited Liability Partnership			
9. This Transfer of Authority and applicable Application/Certificate/Notice must be accompanied by a Certificate of Good			
Standing/Legal Existence from the current jurisdiction of the entity.			

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.rl.gov FILED)' 26 ...

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10. TO BE COMPLETED BY THE ENTITY TRANSFERRING	
Under penalty of perjury, I/we declare and affirm that I/we have	examined this Application for Transfer of Authority, includ-
ing any accompanying attachments, and that all statements co	ntained herein are true and correct and that the undersigned
is authorized to sign this certificate on behalf of the entity set fo	orth above.
Type or Print Name of Limited Liability Company	
Signature of Authorized Person	Date
Signature of Authorized Person	Dale
aignature of Authorized Feraon	
Type or Print Name of Corporation	
LITZED LIVE	
UTGR, Inc.	
Signature of Authorized Person	Date
45	1/25/2024
Signature of Authorized Person	Date
digitatoro di Fadironeso Fisico.	
Type or Print Name of Partnership	
Signature of Partner	Date
Signature of Partner	Date
orginature of 1 decisions	
Signature of Partner	Dale
Signature of Partiter	1
Type or Print Name of Other Entity	
Signature of Authorized Person	Date
Signature of Authorized Person	Date
Signature of Authorized Fig. 5.500	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.