RI SOS Filing Number: 202448790680 Date: 3/15/2024 3:18:00 PM



## **Statement of Change of Agent**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

EC'D RIDOS BS MAR 15 PM3:18

Pursuant to the provisions of RIGL <u>7-16-11</u> 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	2. Exact Name of the Limited Liability Company		
930874	LGM Associates, LLC.		
3. The address of the residen	t office as PRESENTLY shown	in the records on file with the	RI Department of State:
Street Address 10 Weybosset Street Street SUITE 800			
City/Town Providence		State RHODE ISLAND	<sup>Zip</sup> 02903
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
Marc Gertsacov			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 10 Weybosset Street 8th floor			
City/Town Providence		RHODE ISLAND	<sup>Zip</sup> 02903
6. The name of the NEW resident agent is:			
Karenann McLoughlin ESQ			
7. Date when this Statement of Change of Resident Agent 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)			
	clare and affirm that I have exa nd that all statements contained		ge of Resident Agent by the
Name of Authorized Person of the Limited Liability Company			Date
Paul Greisinger			3/13/2024
Signature of Authorized Pers	on of the Limited Liability Comp	pany	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 3:18

MAR 1 5 2024 BY ML 4214

**FILED**