



State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV.
2024 OCT 11 AM 10:42

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

LLC
7-16-11

Pursuant to the provisions of RIGL ~~7-1.2-302~~ or ~~7-1.2-1409~~ the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number 000133151		2. Exact Name of the Corporation <u>LLC</u> M.G.T. Realty, LLC	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 577 Warren Avenue, Suite 200			
City/Town East Providence		State RHODE ISLAND	Zip 02914
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Mario J. Carneiro, CPA			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 353 Juniper Street			
City/Town East Providence		State RHODE ISLAND	Zip 02914
6. The name of the NEW registered agent is: Tracy Angelini			
7. Date when this Statement of Change of Registered 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 30 days from the date of filing) _____			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.</i>			
Name of Authorized Officer of the Corporation Tracy Angelini <u>UC</u>			Date 10-9-24
Signature of Authorized Officer of the Corporation <u>[Signature]</u> <u>UC</u>			

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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BY GJZDP
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[Signature]