Filing Fee: \$20.00

**ID Number**: <u>7844</u>0



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

## **BUSINESS CORPORATION**

## STATEMENT OF CHANGE OF REGISTERED AGENT BY THE CORPORATION

Pursuant to the provisions of Sections 7-1.2-502 or 7-1.2-1409 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation submits the following statement for the purpose of changing its registered agent and its registered office in the state of Rhode Island:

| 1.            | The name of the corporation is Cicen and Coastal Consultants Inc.   |
|---------------|---|
| 2.            | The address of the registered office as PRESENTLY shows in the  |
|               | Secretary of State is:  Frank Brown, 423 New Meadow Rd Barrington, BI  The address of the NEW registered office is:  02800  |
| 3.            | The address of the NEW registered office is:  |
|               | Scott R. Skincik, 14 Warner St, Newsport, RT 02840  |
| 4.            | The name of the registered agent as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:   |
|               | Trank Brauer  |
| 5:            | The name of the NEW registered agent is:  |
|               | The appointment of a new registered agent and the new registered office, as the case may be, shall become effective   |
| Appellance of | (a date not prior to, nor more than 30 days after, filing this statement)   |
|               | Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, including any accompanying attachments, and that all statements contained herein are true and correct. |
| Date          | I The White   |
|               | Signature of Authorized Officer of the Corporation  |
|               | Stanley M. white Plesident  Type or Print Name of Authorized Officer  |
|               | Type or Print Name of Authorized Officer  |

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By 081105

Form No. 640 Revised: 12/05

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