Filing Fee: \$20.00

ID Number: \_



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

## LIMITED LIABILITY COMPANY

## STATEMENT OF CHANGE OF RESIDENT AGENT

Pursuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a

|                              | nited liability company is:                                 |  |
|------------------------------|---|--|
| Republic Environme           | ental Systems (Pennsylvania),                               | LLC  |
| The address of the State is: | resident agent as PRESE                                     | NTLY shown in the records on file with the Rhode Island Secretary of                                 |
| 222 JEFFERSON B              | OULEVARD, SUITE 200 WA                                      | ARWICK RI 02888  |
|                              | of the resident agent is:<br>rial Parkway, Suite 7A, East P | Providence, Rhode Island 02914   |
| State is:                    | esident agent as PRESEN                                     | ATLY shown in the records on file with the Rhode Island Secretary of                                 |
| The name of the N            | EW resident agent is:                                       |  |
|                              | f a new resident agent and                                  | the change of address of the resident agent, as the case may be, shall                               |
|                              | pon the filing of this statem                               |  |
|                              |   |  |
|                              |   | ent.  Under penalty of perjury, I declare that the information                                       |
| become effective u           |   | ent.  Under penalty of perjury, I declare that the information contained herein is true and correct. |
| become effective u           |   | ent.  Under penalty of perjury, I declare that the information contained herein is true and correct. |

Form No. 642 Revised: 12/05