Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

R.I. DEPT. OF STATE O

Pursuant to the provisions of RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> 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	Exact Name of the Corporation		6
000145610	Heidelberg Engineering, Inc.		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address			
10 RESERVIOR ROAD, UNIT 2			
City/Town Smithfield		State RHODE ISLAND	Zip 02917
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:			
Thomas Tomasso			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A			
City/Town East Providence		State RHODE ISLAND	Zip 02914
6. The name of the NEW registered agent is:			
C T Corporation System			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX			
X Date received (Upon filing)			
Later effective date (Date must be no more than 30 days from the day of filing)			
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.			
Name of Authorized Officer of the Corporation			Date
Ran Liebenthal			2/17/2017
Signature of Authorized Officerof the Corporation SIGN FOR DIAFFIT HERE			
fam hieldly			

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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