



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Statement of Change of Agent

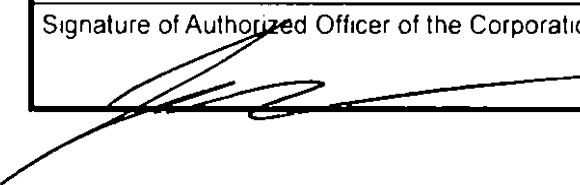
DOMESTIC or FOREIGN Business Corporation

→ Filing Fee \$20.00

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SECRETARY OF STATE  
CORPORATIONS  
STAMP

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Pursuant to the provisions of RIGL 7-1.2-502 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<br><b>000581638</b>                                                                                                                                                                                                                                             | 2. Exact Name of the Corporation<br><b>J-MAC PLUMBING &amp; HEATING, INC.</b> |                        |
| 3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State.<br>Street Address <b>129 GILLAN AVENUE</b>                                                                                                               |                                                                               |                        |
| City/Town <b>WARWICK</b>                                                                                                                                                                                                                                                           | State <b>RHODE ISLAND</b>                                                     | Zip <b>02886</b>       |
| 4 The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State<br><b>JAMES T. MCCAFFREY</b>                                                                                                                                   |                                                                               |                        |
| 5 The address of the <b>NEW</b> registered office is:<br>Street Address ( <u>NOT</u> a P.O. Box) <b>One Grove Avenue</b>                                                                                                                                                           |                                                                               |                        |
| City/Town <b>East Providence</b>                                                                                                                                                                                                                                                   | State <b>RHODE ISLAND</b>                                                     | Zip <b>02914</b>       |
| 6 The name of the <b>NEW</b> registered agent is<br><b>Robert M. Brady</b>                                                                                                                                                                                                         |                                                                               |                        |
| 7 Date when this Statement of Change of Registered Agent will be effective CHECK ONLY ONE BOX<br><input checked="" type="checkbox"/> Date received (Upon filing)<br><input type="checkbox"/> Later effective date (Date must be no more than 90 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<br><b>JAMES MCCAFFREY</b>                                                                                                                                                                                                            |                                                                               | Date<br><b>1-26-18</b> |
| Signature of Authorized Officer of the Corporation<br> SIGN DOCUMENT HERE                                                                                                                        |                                                                               |                        |

MAIL TO:

Division of Business Services

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

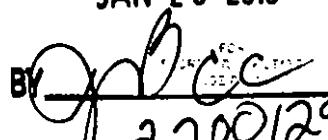
Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

12:24

FILED

JAN 29 2018

BY   
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