RI SOS Filing Number: 201859208720 Date: 2/27/2018 1:24:00 PM

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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

SECRETARY OF STATE CORPORATIONS DIV

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	2. Exact Name of the Corpora	2. Exact Name of the Corporation			
000892381	CASCADE WATER SERVICES, INC.				
3. The address of the regi	stered office as PRESENTLY sho	wn in the records on file with th	ne RI Department of State:		
Street Address 130 WINDS	OR PARK DRIVE				
City/Town COVENTRY		State RHODE ISLAND	Zip 02816		
4. The name of the registe	ered agent as PRESENTLY showr	in the records on file with the	RI Department of State:		
MATTHEW MARTIN					
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					
□ Date received (Upon filing)					
Later effective date (Date must be no more than 30 days from the day of filing)					
	declare and affirm that I have exa tatements contained herein are tru		ge of Registered Agent by the		
Name of Authorized Officer of the Corporation			Date		
Michael P. Murphy Signature of Authorized Officer of the Corporation			February 19, 2018		
Signature of Authorized O		war was the first			
Miller Museum 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 FII FD

VM FEB 2 7 2011

BY 325364

FORM 640 - Revised: 07/2016