

## **Statement of Change of Agent**

**DOMESTIC or FOREIGN Business Corporation** 

→ Filing Fee. \$20.00

SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE 2018 APR 27 AM 11: 21

		ne undersigned corporation sul	
following statement for the pur	pose of changing its registered	agent in the State of Rhode Is	sland: L
Entity ID Number	2. Exact Name of the Corpora	ation	
97456	Northrop and .	Johnson Inc.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address	Dara 4 R	ichmond Sq Ste	150
City/Town New por	7 Pridence	State RHODE ISLAND	Zip 02906
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State			
Amy = Stratton			
5. The address of the NEW re	<del>`</del>	<u> </u>	
Street Address (NOT a P.O. Box)	- ·		
Smarina	Plaza		
		C4-4-	<u> </u>
City/Town Newport		State RHODE ISLAND	ZIP 028210
City/Town	-	State RHODE ISLAND	ZIP 02840
City/Town  City/Town  6. The name of the <b>NEW</b> regi	-	State RHODE ISLAND	ZIP 028240
City/Town  Newport  6. The name of the NEW regi	stered agent is:		
City/Town  Newport  6. The name of the NEW regi	stered agent is: Hal SHed of Change of Registered Agent		
6. The name of the NEW regineration.  7. Date when this Statement of Date received (Upon filing).	stered agent is: Hal SHed of Change of Registered Agent	will be effective: CHECK ONE	
6. The name of the NEW regined.  7. Date when this Statement of Date received (Upon filing Later effective date (Date Under penalty of perjury, I decomposed to the Date of Da	stered agent is: HalSted of Change of Registered Agent	will be effective: CHECK ONE s from the date of filing) mined this Statement of Chan	E BOX ONLY
6. The name of the NEW regined.  7. Date when this Statement of Date received (Upon filing Later effective date (Date Under penalty of perjury, I decomposed to the Date of Da	stered agent is:  Halsted  of Change of Registered Agent  og)  e must be no more than 90 day  clare and affirm that I have examents contained herein are true	will be effective: CHECK ONE s from the date of filing) mined this Statement of Chan	E BOX ONLY
7. Date when this Statement of Date received (Upon filin Later effective date (Date Under penalty of perjury, I dec Corporation, and that all state	stered agent is:  Halsted  of Change of Registered Agent  og)  e must be no more than 90 day  clare and affirm that I have examents contained herein are true	will be effective: CHECK ONE s from the date of filing) mined this Statement of Chan	ge of Registered Agent by the
7. Date when this Statement of Date received (Upon filin Later effective date (Date Under penalty of perjury, I dec Corporation, and that all state	stered agent is:  Hal Sted  of Change of Registered Agent  ig)  e must be no more than 90 day  clare and affirm that I have examents contained herein are true  the Corporation	will be effective: CHECK ONE s from the date of filing) mined this Statement of Chan	ge of Registered Agent by the

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 APR 2 7 2018

BY CM 3295708