



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2019 SEP -3 PM 2:18

Pursuant to the provisions of RIGL 7-16-11, the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

| | | | |
|---|--|--|------------------------|
| 1. Entity ID Number 000134143 | | 2. Exact Name of the Limited Liability Company NETCENERGY, LLC | |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address 231 Elm ST | | | |
| City/Town WARWICK | | State RHODE ISLAND | Zip 02886 |
| 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Donald Noker | | | |
| 5. The address of the NEW resident office is: | | | |
| Street Address (NOT a P.O. Box) 1125 Pontiac Ave | | | |
| City/Town Cranston | | State RHODE ISLAND | Zip 02920 |
| 6. The name of the NEW resident agent is: No change -- Donald Noker | | | |
| 7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY | | | |
| <input checked="" type="checkbox"/> Date received (Upon filing) | | | |
| <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____ | | | |
| Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct. | | | |
| Name of Authorized Person of the Limited Liability Company Donald R Noker | | | Date 8/26/19 |
| Signature of Authorized Person of the Limited Liability Company [Signature] 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

2:18
FILED**SEP 03 2019**B
[Signature]



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

September 03, 2019 02:18 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

