State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Statement of Change of Agent
DOMESTIC or FOREIGN Limited Liability Company

<u>→ Filing Fee: \$20.00</u>

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the

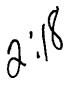
following statement for the pur	pose of changing its resident a	igent in the State of Rhode Isla	and: Land: - L
Entity ID Number	2. Exact Name of the Limited Liability Company		
000134143	NETCENERGY, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address			
231 Elm ST			
231 Elm ST City/Town WARWICH		State RHODE ISLAND	OZ PFF
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
Donold Nokes			
5. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box)			
1125 PONTIAC AVI			
City/Town		State BUODE ISLAND	Zip
Cranston		RHODE ISLAND	02920
6. The name of the <b>NEW</b> resident agent is:			
No change Donald Noker			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
Date received (Upon filing)			
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		/	Date
(/)-	Donald R No	ke,	8/26/19
Signature of Authorized Person of the Limited Liability Company			
SIGN DOLUMENT HERE			
		<u> </u>	

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov



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