



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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2020 JUL 30 AM 11:49

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation LLC

→ Filing Fee: \$20.00

7-16-11

Pursuant to the provisions of RIGL ~~7-1-2-502~~ or ~~7-1-2-409~~ 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 000120308		2. Exact Name of the Corporation Micron CMM Services, LLC	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 45 SCOTT HOLLOW ROAD			
City/Town Greene		State RHODE ISLAND	Zip 02827
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: GERALD J. JACKMAN			
5. The address of the NEW registered office is: Street Address (<u>NOT</u> a P.O. Box) 25 Danielson Pike			
City/Town Scituate		State RHODE ISLAND	Zip 02857
6. The name of the NEW registered agent is: Sarah F. Malley, Esq.			
7. Date when this Statement of Change of Registered 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 30 days from the date 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 <u>LLC</u> Gerald J. Jackman President			Date 7/28/20
Signature of Authorized Officer of the Corporation <u>LLC</u> Gerald J. Jackman			

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
JUL 30 2020
BY CM92R
AA. 11:49 A.M.