



State of Rhode Island

Department of State - Business Services Division

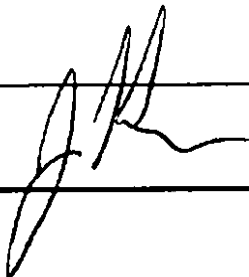
Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2021 JAN 25 P 1:15

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 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 001670060	2. Exact Name of the Corporation KLEINFELDER, INC.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 222 JEFFERSON BOULEVARD, SUITE 200		
City/Town WARWICK	State RHODE ISLAND	Zip 02888
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: CORPORATION SERVICE COMPANY		
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 ONE BOX ONLY		
☒ Date received (Upon filing) ☐ 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 Jennifer Kurz		Date 1/22/2021
Signature of Authorized Officer of the Corporation 		

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
JAN 25 2021
BY Ch 82JTS
1:15

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT Kleinfelder, Inc. a company incorporated under the laws of the state of California and the direct or indirect owner of the subsidiary entities shown on Schedule A attached hereto, does hereby appoint Chloe Alpert, Denise Bell, Kimberly Bowens, Robert Downing, Brian Susmarski, John Mahler, Kevin Parrales, Samantha Earls, Ternell Kearney and Jane Zachritz, Patricia Belanger, Jennifer Kurz, Ricky Soto, and Michele Holden employees of CT Corporation and acting solely in the capacity as employees of CT Corporation, as attorney-in-fact for the company to act for the company and in the company's name for the limited purposes authorized herein.

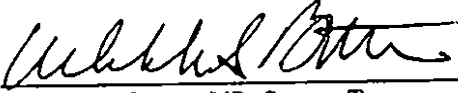
The company and the subsidiary entities listed, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the company's and the subsidiary entities' registered agent and registered office, or the agent and office of similar import, in any state to CT Corporation, as directed and authorized by the company.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Chloe Alpert, Denise Bell, Kimberly Bowens, Robert Downing, Brian Susmarski, John Mahler, Kevin Parrales, Samantha Earls, Ternell Kearney and Jane Zachritz, Patricia Belanger, Jennifer Kurz, Ricky Soto, and Michele Holden shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the undersigned

IN WITNESS WHEREOF the undersigned have executed this Power of Attorney on the

15th day of Dec., 2020.
Date Month Year


Signature of Pres, VP, Sec or Treas.

Deborah S. Butera, Secretary
Name, Title

Sworn to and subscribed before me
this _____ day of _____,
Date Month Year

Signature of Notary

Notary Public, State of _____

State

Commission Expires: _____
M/D/YYYY

see attached certificate

(Seal)

1. 本行在 2019 年 12 月 31 日及 2020 年 6 月 30 日，均无因提供信用证而形成的或有负债。

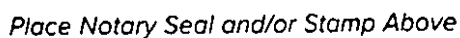
1. 本行在 2019 年 12 月 31 日及 2020 年 6 月 30 日，均无因提供信用证而形成的或有负债。

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

County of San Diego

(11) Deborah S. Butera

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Signature *Quia Goldmacher*
Signature of Notary Public

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____