State of Rhode Island
Department of State - Business Services Division

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

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: $20.00

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	2. Exact Name of the Corporation
001670060	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**

- [x] 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	Date
Jennifer Kurz	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 CA 82 JTS
1:15

FORM 640 - Revised: 08/2020

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, Temell 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 compamy 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 compamy.

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, Temell 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

see attached certificate

Notary Public, State of _____
State

Commission Expires: _____
M/D/YYYY

(Seal)

CALIFORNIA JURAT **GOVERNMENT CODE § 8202**

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.

State of California

County of San Diego

Subscribed and sworn to (or affirmed) before me on this 15th (Date) day of December (Month), 20 20 (Year), by

(1) Deborah S. Butera

(and (2) _____),
Name(s) of Signer(s)

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

JILL A. GELDMACHER
Notary Public - California
San Diego County
Commission # 2174768
My Comm. Expires Jan 1, 2021

Place Notary Seal and/or Stamp Above

Signature _____
Signature of Notary Public

OPTIONAL

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

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____