



State of Rhode Island

Department of State - Business Services Division

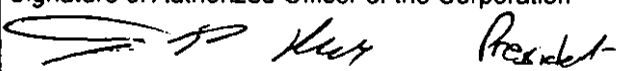
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R.I. DEPT. OF STATE  
BUS. SERVICES DIV.  
2021 FEB 22 PM 3:42

**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<br>000074669                                                                                                                                                                    |  | 2. Exact Name of the Corporation<br>Electro-Tec Systems, Inc. |           |
| 3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:                                                                           |  |                                                               |           |
| Street Address One Turks Head Place, Suite 1440                                                                                                                                                     |  |                                                               |           |
| City/Town Providence                                                                                                                                                                                |  | State RHODE ISLAND                                            | Zip 02903 |
| 4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>Kenneth J. Macksoud                                                        |  |                                                               |           |
| 5. The address of the <b>NEW</b> registered office is:                                                                                                                                              |  |                                                               |           |
| Street Address (NOT a P.O. Box) 655 Mendon Road, Suite 2G                                                                                                                                           |  |                                                               |           |
| City/Town Cumberland                                                                                                                                                                                |  | State RHODE ISLAND                                            | Zip 02864 |
| 6. The name of the <b>NEW</b> registered agent is:<br>Marlene B. Marshall                                                                                                                           |  |                                                               |           |
| 7. Date when this Statement of Change of Registered Agent will be effective: <b>CHECK ONE BOX ONLY</b>                                                                                              |  |                                                               |           |
| <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<br>Todd F. Kilsey                                                                                                                                     |  |                                                               | Date      |
| Signature of Authorized Officer of the Corporation<br>                                                           |  |                                                               | 2-02-2021 |

**MAIL TO:**

Division of Business Services

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

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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BY  VMVBD