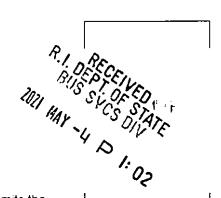
RI SOS Filing Number: 202196178280 Date: 5/4/2021 1:02:00 PM



Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00



Entity ID Number	Exact Name of the Limited Liability Company Express Remediation & Reconstruction, LLC		
001695581			
3. The address of the res	ident office as PRESENTLY shown	in the records on file with the	RI Department of State:
Street Address 222 Jefferso	on Boulevard, Suite 200		
City/Town Warwick		State RHODE ISLAND	Zip 02888
4. The name of the resid	ent agent as PRESENTLY shown in	the records on file with the R	I Department of State:
Incorp Services, Inc.			
5. The address of the NE	W resident office is:	<u></u>	
Street Address (<u>NQT</u> 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	resident agent is:		
C T Corporation System			
7. Date when this Staten	ent of Change of Resident Agent w	/III be effective: CHECK ONE	BOX ONLY
X Date received (Upo	n filing)		
Later effective date	(Date must be no more than 90 day	ys from the date of filing)	-
	I declare and affirm that I have exa y, and that all statements contained		nge of Resident Agent by the
Name of Authorized Person of the Limited Liability Company		Date	
Name of Authorized Pers	y Kellner		6/2/2021
Name of Authorized Pers Tracy Kellner			5/3/2021
Tracy Kellner	Person of the Limited Liability Comp	pany	5/3/2021

MAIL TO:

Division of Business Services

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

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

S: 4 .71.

FORM 642 - Revised: 08/2020