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

# Statement of Change of Agent
DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: $20.00

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2021 MAY 21  P 1: 10

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

| 1. Entity ID Number | 2. Exact Name of the Limited Liability Company |
|---|---|
| 0016728860 | **Luminace Solar Rhode Island, LLC** |

**3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:**

Street Address **10 DORRANCE STREET, SUITE 700**

| City/Town **PROVIDENCE** | State **RHODE ISLAND** | Zip **02903** |
|---|---|---|

**4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:**

**CORPORATE CREATIONS NETWORK INC.**

**5. The address of the NEW resident office is:**

Street Address (NOT a P.O. Box) **222 JEFFERSON BOULEVARD, SUITE 200**

| City/Town **WARWICK** | State **RHODE ISLAND** | Zip **02888** |
|---|---|---|

**6. The name of the NEW resident agent is:**

**Corporation Service Company**

**7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX**

[✓] Date received (Upon filing)

[ ] Later effective date (Date must be no more than 30 days from the day of filing) _____

*Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.*

| Name of Authorized Person of the Limited Liability Company | Date |
|---|---|
| Josh Udler | May 10, 2021 |

Signature of Authorized Person of the Limited Liability Company

SIGN DOCUMENT HERE

**MAIL TO:**
**Division of Business Services**
148 W. River Street, Providence, Rhode Island 02904-2615
**Phone:** (401) 222-3040
**Website:** www.sos.ri.gov

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FORM 642 - Revised  07/2016