RI SOS Filing Number: 202100518160 Date: 8/30/2021 2:46:00 PM



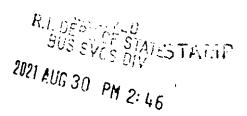
State of Rhode Island

Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee_\$20,00. NO Cee



	RIGL <u>7-16-11</u> the undersigned li rpose of changing its resident a		
Entity ID Number	2. Exact Name of the Limited Liability Company		
001706067	Newport Hydraulics LLC		
3. The address of the resider	nt office as PRESENTLY shown	in the records on file with the	RI Department of State:
Street Address H D	ean Avenue	. AP+3	•
City/Town N.EWPO/T	ean Avenue	State RHODE ISLAND	^{Zip} 07840
4. The name of the resident a	agent as PRESENTLY shown in	the records on file with the R	Department of State:
Jonathan Howland			
5. The address of the NEW r			
Street Address (NOT a P.O. Box	10 Cordeiro Terrace		
City/Town Middletown		State RHODE ISLAND	Z _{IP} 02842
6. The name of the NEW res	ident agent is		
Jonathan Howland			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
Date received (Upon fili	ng)		
Later effective date (Da	te must be no more than 90 day	s from the date of filing)	
	clare and affirm that I have exa nd that all statements contained		ge of Resident Agent by the
Name of Authorized Person of the Limited Lingth Company			Date
Jonathan Howland			08/26/21
Signature of Authorized Pers	on of the Limited Liability Comp	pany	•

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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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

August 30, 2021 02:46 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

