



State of Rhode Island  
**Department of State - Business Services Division**

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 2022 JUN -3 PM 12:24

**Statement of Change of Agent**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: *NO Fee*

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 <i>001740478</i>	2. Exact Name of the Limited Liability Company <i>ESG NAVIGATOR, LLC</i>
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Street Address <i>14 ELLSWORTH DRIVE</i>	
City/Town <i>LITTLE COMPTON</i>	State <b>RHODE ISLAND</b>
Zip <i>02837</i>	
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <i>GIB HEDSTROM</i>	
5. The address of the <b>NEW</b> resident office is: Street Address ( <u>NOT</u> a P.O. Box) <i>SAME</i>	
City/Town <i>SAME</i>	State <b>RHODE ISLAND</b>
Zip <i>SAME</i>	
6. The name of the <b>NEW</b> resident agent is: <i>GILBERT S. HEDSTROM</i>	
7. Date when this Statement of Change of Resident 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 90 days from the date of filing) _____	
<i>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.</i>	
Name of Authorized Person of the Limited Liability Company <i>GILBERT S. HEDSTROM</i>	Date <i>5/29/22</i>
Signature of Authorized Person of the Limited Liability Company <i>Gilbert S. Hedstrom</i>	

**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**  
 JUN 3 2022 12:24  
 BY *[Signature]*



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

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:

June 03, 2022 12:24 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

