



State of Rhode Island

Department of State - Business Services Division

RECEIVED
RI DEPT OF STATE
BUS SVCS DIV
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 001740478		2. Exact Name of the Limited Liability Company ESG NAVIGATOR, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 14 ELLSWORTH DRIVE			
City/Town LITTLE COMPTON		State RHODE ISLAND	Zip 02837
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: GIB HEDSTROM			
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) SAME			
City/Town SAME		State RHODE ISLAND	Zip SAME
6. The name of the NEW resident agent is: GILBERT S. HEDSTROM			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY <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) _____			
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 GILBERT S. HEDSTROM			Date 5/29/22
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.govFILED
JUN 3 2022 12:24
BY *A*