

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

2023 JUL 20 A 10: 11

Pursuant to the provisions of R	RIGL <u>7-16-11</u> the undersigned lipose of changing its resident a	mited liability company submit	s the and:
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
79299 6		Martin Geo/Environmental, LLC	
3. The address of the residen	t office as PRESENTLY shown	in the records on file with the	RI Department of State:
Street Address 200 Jefferson Boule	evard, Suite 200	· ·	
City/Town Warwick		State RHODE ISLAND	Zip 02888
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
Unisearch, Inc.			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 200 Jefferson Boulevard, Suite 200			
City/Town Warwick		State RHODE ISLAND	Zip 02888
6. The name of the NEW resident agent is:			
Cogency Global Inc.			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
X Date received (Upon filing)			
Later effective date (Date must be no more than 90 days from the date of filing)			
Under penalty of perjury, I de Limited Liability Company, ar	clare and affirm that I have exa nd that all statements contained	mined this Statement of Chan I herein are true and correct.	ge of Resident Agent by the
Name of Authorized Person of the Limited Liability Company			Date
Michael A. Maetin 7-7-202.			
Signature of Authorized Person of the Limited Liability Company			
Mott thin			

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 10:11

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