



State of Rhode Island  
Department of State - Business Services Division

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RI DEPT. OF STATE  
BUS SVCS DIV

2024 JAN 25 P 1:35

**Statement of Change of Agent**  
DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

|  |  |  |           |
|--|--|--|-----------|
| 1. Entity ID Number<br>000097235   |  | 2. Exact Name of the Corporation<br>H.Q. ENERGY SERVICES (U.S.) INC. |           |
| 3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:  |  |  |           |
| Street Address 222 JEFFERSON BOULEVARD, SUITE 200  |  |  |           |
| City/Town WARWICK  |  | State RHODE ISLAND   | Zip 02888 |
| 4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>CORPORATION SERVICE COMPANY   |  |  |           |
| 5. The address of the <b>NEW</b> registered office is:   |  |  |           |
| Street Address (NQT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A  |  |  |           |
| City/Town East Providence  |  | State RHODE ISLAND   | Zip 02914 |
| 6. The name of the <b>NEW</b> registered agent is:<br>National Registered Agents, Inc.   |  |  |           |
| 7. Date when this Statement of Change of Registered Agent will be effective: <b>CHECK ONE BOX ONLY</b>   |  |  |           |
| <input checked="" type="checkbox"/> Date received (Upon filing)  |  |  |           |
| Later effective date (Date must be no more than 30 days from the date of filing) _____   |  |  |           |
| <i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.</i> |  |  |           |
| Name of Authorized Officer of the Corporation<br>Sedef CALASIN, Secretary  |  | Date<br>JAN 22, 2024   |           |
| Signature of Authorized Officer of the Corporation<br>   |  |  |           |

**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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JAN 25 2024  
BY 221XA  
PS