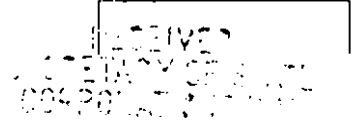




State of Rhode Island
Department of State - Business Services Division

**Statement of Change of Agent**

DOMESTIC or FOREIGN Limited Liability Company

2024 NOV 27 11:08

→ Filing Fee: \$20.00

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 001700100		2. Exact Name of the Limited Liability Company MARK E. FELAG, P.E., LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 577 WARREN AVENUE			
City/Town EAST PROVIDENCE		State RHODE ISLAND	Zip 02914
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: MARIO J. CARNEIRO			
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 30 DELWAY ROAD			
City/Town EAST PROVIDENCE		State RHODE ISLAND	Zip 02914
6. The name of the NEW resident agent is: MARK FELAG			
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 MARK FELAG			Date 11/7/2024
Signature of Authorized Person of the Limited Liability Company 			

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 11:08 STAMP

NOV 27 2024

BY GEQ8W

FORM 642 - Revised: 01/2024