State of Rhode Island
Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: $20.00

STA...

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:

RECEIVED DEPT. OF STATE BUS. SVC. DIV. 2025 MAY 28 P 2:53

1. Entity ID Number	2. Exact Name of the Limited Liability Company
001658488	Gap Mountain Drilling LLC

3. The address of the resident office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address		
1320 Atwood Avenue		
City/Town	State	Zip
Johnston	RHODE ISLAND	02919

4. The name of the resident agent as **PRESENTLY** shown in the records on file with the RI Department of State:

Daniel Carpenter

5. The address of the **NEW** resident office is:

Street Address (NOT a P.O. Box)		
700 Narragansett Park Drive, STE 100		
City/Town	State	Zip
Pawtucket	RHODE ISLAND	02861

6. The name of the **NEW** resident agent is:

Registered Agents 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 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	Date
R Garth Dubois	5/22/25

Signature of Authorized Person of the Limited Liability Company

[signature]

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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BY HZ568
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