## REGISTERED LIMITED LIABILITY COMPANY

No Filing Fee	<b>ID</b> Number:136673
	NT OF CHANGE OF ADDRESS FHE RESIDENT AGENT
Pursuant to the provisions of Section 7-16-11(c) or the person signing on behalf of the residen agent's address within this state:	(1) of the General Laws, 1956, as amended, the undersigned resident agent, t agent, submits the following statement for the purpose of changing the
1. The name of the limited liability company is:	
Prome	otech Logistics Solutions, LLC
2. The address of the resident agent as PRESEN is:	TLY shown in the records on file with the Rhode Island Secretary of State
	01, Providence, Rhode Island 02903
3. The NEW address of the resident agent is:	
10 Weybosset Street, Provider	nce, Rhode Island 02903
1. The change of address of the resident agent sh	all become effective upon the filing of this statement, or on
(a date not prior to, nor	more than 30 days after, the filing of this Statement)
	Under penalty of perjury, I declare that the information contained herein is true and correct.
Date: 5/1/2011	Kenneth J. Uva, Vice President
	Print Name of Resident Agent
	Kenneth J. Uva
	Signature

