Filing Fee: \$20.00

ID Number: 19218



Form No. 642 Revised: 12/05

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

STATEMENT OF CHANGE OF RESIDENT AGENT

⊃ui cha	rsuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a single of its resident agent and the address of its resident agent in the state of Rhode Island as follows:
1.	The name of the limited liability company is: UNITPAUS TRANSPORTION LLC 8
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Islands economy of State is: 224 HIGH STROT MANNILLE, RT 02938
3.	The NEW address of the resident agent is: 431 MENDON RUAD, WATH SMATTERD, R.F. 02896
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: EMILE T. G. GVINE TR, JY4 (+1545 TRICT) WANNILL AF
5.	The name of the NEW resident agent is: 1080Ph R SLINRY
3.	The appointment of a new resident agent and the change of address of the resident agent, as the case may be, shall become effective upon the filing of this statement.
	Under penalty of perjury, I declare that the information contained herein is true and correct.
Da	te: Print Name of Limited Liability Company
	FILED Joseph of thing
	JUN 2 6 2012 By Signature of Authorized Person