## REGISTERED LIMITED LIABILITY COMPANY

No Filing Fee	<b>ID Number:</b> 596362
	Γ OF CHANGE OF ADDRESS IE RESIDENT AGENT
Pursuant to the provisions of Section 7-16-11(c)(1) or the person signing on behalf of the resident agagent's address within this state:	of the General Laws, 1956, as amended, the undersigned resident agent, gent, submits the following statement for the purpose of changing the
1. The name of the limited liability company is:	
Sha	rp Auto Transport LLC
The address of the resident agent as PRESENTL is:     222 Jefferson Blvd., Suite 200, W.	Y shown in the records on file with the Rhode Island Secretary of State Varwick, Rhode Island 02888
3. The NEW address of the resident agent is:	
10 Dorrance Street, Suite 530, Pro	ovidence, Rhode Island 02903
4. The change of address of the resident agent shall	become effective upon the filing of this statement, or on
(a date not prior to, nor mo	ore 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: 2/8/2013	Kathleen Fritz, Vice President
	Print Name of Resident Agent
FILED	
Kathleen	Kathleen Fritz
	Signature
By	



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

