REGISTERED LIMITED LIABILITY COMPANY

No Filing Fee	ID Number
	IENT OF CHANGE OF ADDRESS F THE RESIDENT AGENT
Pursuant to the provisions of Section 7-16-11(or the person signing on behalf of the residence agent's address within this state:	(c)(1) of the General Laws, 1956, as amended, the undersigned resident agent, ent agent, submits the following statement for the purpose of changing the
1. The name of the limited liability company	is:
STRATE	EGIC DELIVERY SOLUTIONS, LLC
2. The address of the resident agent as PRESE	ENTLY shown in the records on file with the Rhode Island Secretary of State
is: 10 Dorrance Street, Suite 53	0, Providence, RI 02903
3. The NEW address of the resident agent is:	
450 Veterans Memorial Park	kway, Suite 7A, East Providence, RI 02914
	shall become effective upon the filing of this statement, or on or 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:6/14/13	Kenneth J. Uva, Vice President
	Print Name of Resident Agent
	Kenneth J. Uva
	Signature
FILED	
JUN 17 2013	
BY	
Control of the Contro	



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

