Filing Fee: \$20.00

ID Number: 105023



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

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STATEMENT OF CHANGE OF RESIDENT AGENT

Pu ch	rsuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a ange 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:
	MITA ENTERPRISES, L.L.C.
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
	1375 WARWICK AVENUE, WARWICK, RI 02888
3.	The NEW address of the resident agent is:
	1778 MINERAL SPRING AVE, NORTH PROVIDENCE, RI 02904
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: ANDREW G SHOLES, ESQ.
5 .	The name of the NEW resident agent is: ASIT VYAS
6.	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.
Dat	e: 5/28/14 MITA ENTERPRISES, :- LC Print Name of Limited Liability Company
	FILE Signature of Authorized Person
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	N. 235417