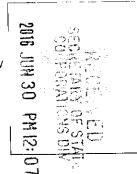


State of Rhode Island and Providence Plantations Department of State - Business Services Division

. 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov



Statement of Change of Resident Office Limited Liability Company

No Filing Fee

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident office in the State of Rhode Island:

1. Entity ID Number 2. Exact Name of the Limited Liability Company		
associal Prince	ess Trucking LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 47 Murray 5+		
City/Town providence propos	State RHODE ISLAND	Zip 02909
4. The address of the NEW resident office is:		
Street Address (NOT a P.O. Bax) AVE 1 Fdool State PLIONE ISLAND Zip 2 00000		
City/lown providence	RHODE ISLAND	Zip 02904
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONLY ONE BOX		
Date received (Upon filing)		
Later effective date (Date must be no more than 30 days from the day of filing)		
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Office, and that all statements contained herein are true and correct.		
News of the Regident Agent/Authorized Person of the Limited Liability Company Date		
Maria H Horales		
Signature of the Resident Agent/Authorized Person of the Limited Liability Company		
Hai May SIGN DOCUMENT HERE		

JUN 3 0: 2016

I, NELLIE M. GORBEA, 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:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

