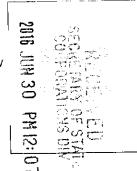


State of Rhode Island and Providence Plantations

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 <u>7-16-11</u> the undersigned limited liability company submits the following statement for the purpose of changing its resident office in the State of Rhode Island:

Entity ID Number 2. Exact Name of the Limited Liability Company		
asonica Princess	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 45+		
City/Town providence providence	State RHODE ISLAND	Zip 02909
4. The address of the NEW resident office is:		
Street Address (NOT a P.O. Bax) AVE 1 Fdool		
City/Town 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 periury, 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.		
Name of the Resident Agent Authorized Ferson of the Elimited Elaborary Sompany		
Maria H Horales		1 1/3/12
Signature of the Resident Agent/Authorized Person of the Limited Liability Company		
Hai May SIGN DOCUMENT HERE		

FILED

JUN 3 0 2016

BY CV 12:07