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

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SECRETARY OF STATE
CORPORATIONS DIV.

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: $20.00

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 agent in the State of Rhode Island:

1. Entity ID Number	2. Exact Name of the Limited Liability Company
001669067	H & M Transportation LLC

3. The address of the resident office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address		
123 Pocasset Ave		
City/Town: Providence	State: **RHODE ISLAND**	Zip: 02909

4. The name of the resident agent as **PRESENTLY** shown in the records on file with the RI Department of State:

Manel Secada Barillas

5. The address of the **NEW** resident office is:

Street Address (NOT a P.O. Box)		
72 Clarence St Apt 1		
City/Town: Providence	State: **RHODE ISLAND**	Zip: 02909

6. The name of the **NEW** resident agent is:

Manuel Secada Barillas

7. Date when this Statement of Change of Resident Agent 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 Agent by the Limited Liability Company, and that all statements contained herein are true and correct.

Name of Authorized Person of the Limited Liability Company	Date
Manel Secada Barillas	1/9/18

Signature of Authorized Person of the Limited Liability Company

SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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JAN 10 2018
BY 321471
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