



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

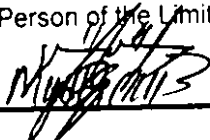
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 SECRETARY OF STATE
 CORPORATIONS DIV.
 2018 JAN 10 AM 11:47

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 001669067		2. Exact Name of the Limited Liability Company HSM 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 Manel Secada Barillas			Date 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

FILED

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 FORM 642 - Revised: 07/2016