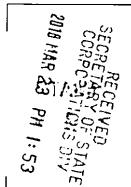


Statement of Change of Office

DOMESTIC or FOREIGN 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 ONLY in the State of Rhode 1. Entity ID Number 2. Exact Name of the Limited Liability Company Pajotle transport 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address AIR City/Town State Zip **RHODE ISLAND** 07409 PROVIDENCE 4. The address of the NEW resident office is: Street Address (NOT a P.O. Box) City/Town State Zip **RHODE ISLAND** CRONS 5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY Date received (Upon filing) Later effective date (Date must be no more than 30 days from the date of filing) Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Office 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 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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MAR 2-8 2018

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