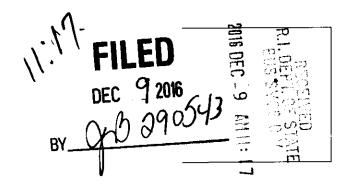
State of Rhode Island and Providence Plantations Department of State - Business Services Division Statement of Change of Specified Office and/or Registered Agent DOMESTIC or FOREIGN Limited Partnership → Filing Fee: \$20.00 the undersigned partnership submits the following statement Pursuant to the provisions of RIGL for the purpose of changing its specified office or registered agent in the State of Rhode Island: 2. Exact Name of the Limited Partnership 1. Entity ID Number 3. The address of the specified office at which shall be kept the records required by RIGL to be maintained as PRESENTLY shown in the records on file with the RI Department of State (APPLICABLE TO DOMESTIC LIMITED PARTNERSHIPS ONLY): Street Address Zip Code State City/Town 4. The address of the NEW specified office at which shall be kept the records required by Section to be maintained is (APPLICABLE TO DOMESTIC LIMITED PARTNERSHIPS ONLY): Street Address (NOT a P.O. Box) Zip Code State City/Town 5. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address Zip Code State City/Tov 6. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



7. The address of the NEW registered agent is:	
Street Address (NOT a P.O. Box) 222 Jefferson Blvb Suite 200	
City/Town State RT	Zip Code Das 88
8. The name of the NEW registered agent is:	
INCORP Services Inc.	22222
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Specified Office and/or Registered Agent by the Limited Partnership, and that all statements contained herein are true and correct.	
Name of a General Partner of the Limited Partnership	Date
Werdy L Mack	11/16/16
Signature of General Partner of the Limited Partnership	
Wenter 1 Maria December 1 4.43	