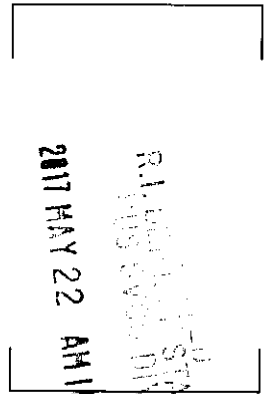




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**



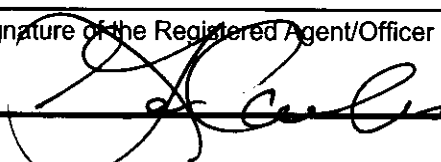
**Statement of Change of Registered Office**

DOMESTIC or FOREIGN Business Corporation **LP**

→ No Filing Fee

**7-13-4**

Pursuant to the provisions of RIGL ~~7-1.2-502~~ or ~~7-1.2-1409~~ the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number <b>000505932</b>		2. Exact Name of the Corporation <b>53-55 SAND LIMITED PARTNERSHIP</b>	
3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Street Address <b>317 IRON HORSE WAY, SUITE 301</b>			
City/Town <b>PROVIDENCE</b>		State <b>RHODE ISLAND</b>	Zip <b>02908</b>
4. The address of the <b>NEW</b> registered office is: Street Address (NOT a P.O. Box) <b>1301 ATWOOD AVENUE, SUITE 215 N</b>			
City/Town <b>JOHNSTON</b>		State <b>RHODE ISLAND</b>	Zip <b>02919</b>
5. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the day of filing) _____			
6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement). <i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct.</i>			
Name of the Registered Agent/Officer of the Corporation <b>GENE M. CARLINO, ESQ.</b>			Date <b>5-5-17</b>
Signature of the Registered Agent/Officer of the Corporation 			

**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**  
**MAY 22 2017**  
 BY A.A. 11:57 AM

**643A.**