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State of Rhode Island **Department of State - Business Services Division**

Statement of Change of Registered Agent DOMESTIC or FOREIGN Partnership

→ Filing Fee: \$20.00



following statement for the pur	RIGL <u>7-13,1-118</u> or <u>7-12,1-909</u> th pose of changing its specified of	e undersigned partnership : fice or registered agent in th	submits the ne State of
Rhode Island: 1. Entity ID Number	2. Exact Name of the Limited Partnership		
	2. Exact Name of the Limited Fatthership		
001752846	PwC US Group LLP		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address			
450 VETERANS MEMORIAL PARKWAY, SUITE 7A			
City/Town		State RHODE ISLAND	Zip Code
EAST PROVIDENCE			02914
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:			
CT CORPORATION SYSTEM			
5. The address of the NEW registered agent is:			
Street Address (NOT a P.O. Box)			
10 Dorrance Street #700			
City/Town Providence		State RHODE ISLAND	Zip Code
			02903
6. The name of the NEW registered agent is:			
United Agent Group Inc.			
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 or Authorized Representative			Date
Patricia Brandt, Partner			5/24/2023
Signature of General Partner or Authorized Representative			
Patricia Brandt			

MAIL TO:

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