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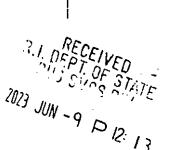
State of Rhode Island

Department of State - Business Services Division

Statement of Change of Registered Agent

DOMESTIC or FOREIGN Partnership

→ Filing Fee: \$20.00



Pursuant to the provisions of RIGL <u>7-13,1-118</u> or <u>7-12,1-909</u> the undersigned partnership submits the following statement for the purpose of changing its specified office or registered agent in the State of Rhode Island:

Rhode Island:			
1. Entity ID Number	2. Exact Name of the Limited Partnership		
001722336	PricewaterhouseCoopers LLP		
3. The address of the regis	stered office as PRESENTLY shown in	the records on file with the R	Department of State:
Street Address 450 VET	ERANS MEMORIAL PARKWA	AY, SUITE 7A	
City/Town EAST PROVIDENCE		State RHODE ISLAND	Zip Code 02914
4. The name of the registe	red agent as PRESENTLY shown in the	ne records on file with the Rt D	Department of State:
CT CORPORATION	SYSTEM		
5. The address of the NEV	V registered agent is:		
Street Address (<u>NOT</u> a P.O.	Box) 10 Dorrance Street #700		
City/Town Providence		State RHODE ISLAND	Zip Code 02903
6. The name of the NEW r	egistered agent is:		<u>, , , , , , , , , , , , , , , , , , , </u>
United Agent Group	Inc.		
Under penalty of perjury, I Registered Agent by the L	declare and affirm that I have examine imited Partnership, and that all statements	ed this Statement of Change c ents contained herein are true	of Specified Office and/or and correct.
Name of a General Partner or Authorized Representative			Date
James Terry			June 1, 2023
Signature of General Par	tner or Authorized Representative		•
James Terry			

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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