



State of Rhode Island
 Department of State - Business Services Division

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Statement of Change of Registered Agent

DOMESTIC or FOREIGN Partnership

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-13.1-118 or 7-12.1-909 the undersigned partnership submits the following statement for the purpose of changing its specified office or registered agent in the State of Rhode Island.

1. Entity ID Number 001682882		2. Exact Name of the Limited Partnership Academy, Ltd.	
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 EAST PROVIDENCE	State RHODE ISLAND	Zip Code 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 (<u>NOT</u> a P.O. Box) 222 Jefferson Boulevard, Suite 200			
City/Town Warwick	State RHODE ISLAND	Zip Code 02888	
6. The name of the NEW registered agent is: Corporation Service Company			
<i>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.</i>			
Name of a General Partner or Authorized Representative Jill Cilmi, Authorized Person on behalf of Academy Managing Co., L.L.C., General Partner		Date 06/27/2023	
Signature of General Partner or Authorized Representative <i>Jill E. Cilmi</i>			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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