Filing Fee: \$20.00

ID Number: _



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

LIMITED PARTNERSHIP

STATEMENT OF CHANGE OF SPECIFIED OFFICE **AND/OR REGISTERED AGENT**

Pu ch	rsuant to the provisions of Sections 7-13-4 of the General Laws, 1956, as amended, the undersigned authorizes a ange of its specified office and/or its registered agent in the state of Rhode Island as follows:
1.	The name of the limited partnership is:
	MANOMEDNET LP
2.	The address of the specified office at which shall be kept the records required by Section 7-13-5 to be maintained as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: 139 PROVIDENCE PIKE, N SMITHFIELD RI
	(Applicable to domestic limited partnerships only)
3.	The address of the NEW specified office at which shall be kept the records required by Section 7-13-5 to be maintained is:
	139 PROVIDENCE PIKE, N SMITHFIELD RI
	(Applicable to domestic limited partnerships only)
4.	The name of the registered agent for service of process as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: JEFFREY ALLARD
5.	The name of the NEW registered agent for service of process is: JASON ALLARD
6.	The address of the registered agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
	139 PROVIDENCE PIKE, N SMITHFIELD RI
7.	The NEW address of the registered agent is: 139 PROVIDENCE PIKE, N SMITHFIELD RI

Under penalty of perjury, I declare that the information contained herein is true and correct.

MANOMEDNET LP

Print Name of Limited Partnership

FILED

NOV-12 2009

Form No. 643 Revised: 12/05