## REGISTERED LIMITED PARTNERSHIP

Filing Fee: \$20.00	ID Number: <u>78733</u>
	ANGE OF SPECIFIED OFFICE EGISTERED AGENT
Pursuant to the provisions of Sections 7-13-4 of the Ge of its specified office and/or its registered agent in the s	eneral Laws, 1956, as amended, the undersigned authorizes a change tate of Rhode Island as follows:
1. The name of the limited partnership is:	
Wakefie	eld Mall Associates
<ol><li>The address of the specified office at which shall be PRESENTLY shown in the records on file with the R</li></ol>	kept the records required by Section 7-13-5 to be maintained as Rhode Island Secretary of State is: 151 Coccinct Ave -#10
WATERTOWN, MA. 02472	
(Applicable to don	nestic limited partnerships only)
<ol> <li>The address of the NEW specified office at which sha maintained is:</li> </ol>	all be kept the records required by Section 7-13-5 to be
(Applicable to dom	nestic limited partnerships only)
4. The name of the registered agent for service of procests and Secretary of State is:  C T Corporation System	ss as PRESENTLY shown in the records on file with the Rhode
5. The name of the NEW registered agent for service of C T Corporation System	process is:
6. The address of the registered agent as PRESENTLY s State is: 155 South Main Street, Suite 301, Pro	shown in the records on file with the Rhode Island Secretary of ovidence, Rhode Island 02903
7. The NEW address of the registered agent is:	
10 Weybosset Street, Providence, Rho	ode Island 02903
	Under penalty of perjury, I declare that the information contained herein is true and correct.
Date:	Print Name of Limited Partnership
Ptt me.	
FILED	By
MAY 13 2011	General Partner
Form No. 643	

Revised: 12/05