

State of Rhode Island and Providence Plantations Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

Statement of Change of Specified Office and/or Registered Agent Limited Partnership

Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-13-4 the undersigned partnership submits the following statement for the purpose of changing its specified office or registered agent in the State of Rhode Island:

The specified of the control of the specified agent in the state of Knode Island.				
1. Entity ID Number	2. Exact Name of the Limited	A CONTRACTOR OF THE PROPERTY O	aprels de la company	Correct Towns Los
1100173	Sheanan	- 00-0	V - U	DO LP
3. The address of the specified office at which shall be kept the records required by RIGL 7-13-5 to be maintained as PRESENTLY shown in the records on file with the RI Department of State (APPLICABLE TO DOMESTIC LIMITED PARTNERSHIPS ONLY):				
Street Address	am Road	City Jamestown	State RI	Zip
4. The address of the NEW spe	cified office at which shall be ke	ept the records required by Sect	on 7-13-5 to be	DS 35
(APPLICABLE TO DOMESTIC	EMITED PARTNERSHIPS ON			
Street Address H9 North W	ain fload	Limestran	State RI	1 Zip 07835
5. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State;				
Dale Miller				
6. The name of the NEW registered agent is:				
Kenneth	Brewer			
7. The address of the registered	office as PRESENTLY shown	in the records on file with the RI	Department of S	State to the state of the
Street Address Ten Rod Road				
CITYTOWN LINGSTO		State RHODE ISLAND	Zip 028	52
8. The address of the NEW registered agent is:				
Street Address (NOT a P.O. Box) Main Road				
city/Town Lines ton	\sim	State RHODE ISLAND	8-60°iz	
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 of the Limited Partnership Leahon One of the Limited Partnership			Date 4122	+116
Signature of General Partner of the Limited Partnership Signature of General Partner of the Limited Partnership				

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