

## Statement of Change of Specified Office and/or Registered Agent

DOMESTIC or FOREIGN Limited Partnership

→ Filing Fee: \$20.00

R.J. DEPT. 18 STATE
BUS SUCCESSION
2016 DEC 17 M111: 09

Pursuant to the provisions of RIGL <u>7-13-4</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:

for the purpose of changing its	or the purpose of changing its specified office or registered agent in the State of Khode Island:				
1. Entity ID Number	2. Exact Name of the Limited Partnership				
000092686	The Wells Farm Limited Partnership No. 2				
3. The address of the specified office at which shall be kept the records required by RIGL 7-13-5 to be maintained as <b>PRESENTLY</b> shown in the records on file with the RI Department of State (APPLICABLE TO DOMESTIC LIMITED PARTNERSHIPS ONLY):					
Street Address 50 Miskiania Trail					
City/Town Exeter		State RHODE ISLAND	Zip Code 02822		
4. The address of the <b>NEW</b> specified office at which shall be kept the records required by Section <u>7-13-5</u> to be maintained is (APPLICABLE TO DOMESTIC LIMITED PARTNERSHIPS ONLY):					
Street Address ( <u>NOT</u> a P.O. Box) 50 Miskiana Trail					
City/Town Exeter		State RHODE ISLAND	Zip Code <b>02822</b>		
5. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:					
Street Address 2800 Financial Plaza					
City/Town Providence		State RHODE ISLAND	Zip Code <b>02903</b>		
6. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:					
Deming E. Sherman					

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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7. The address of the <b>NEW</b> registered agent is:				
Street Address (NOT a P.O. Box) 60 So. County Commons Way Suite G4				
City/Town  Wakefield	State RHODE ISLAND	Zip Code 02879-2299		
8. The name of the <b>NEW</b> registered agent is:		<u> </u>		
James V. Aukerman				
Under penalty of perjury, I declare and affirm that I have examin Registered Agent by the Limited Partnership, and that all staten	ned this Statement of Change of S ments contained herein are true ar	Specified Office and/or		
Name of a General Partner of the Limited Partnership Richard B. Littlefield	Date			
Signature of General Partner of the Limited Partnership		12/2/16		