



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

Statement of Change of Registered Office

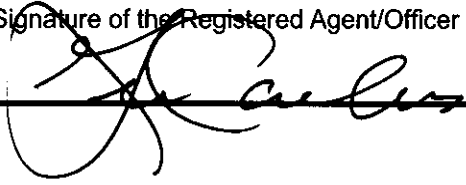
DOMESTIC or FOREIGN Business Corporation LP

→ No Filing Fee

7-13-4

Pursuant to the provisions of RIGL ~~7-1.2-502~~ or ~~7-1.2-1409~~ the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

2017 MAY 22 PM 12:01
RI SOS
BUSINESS SERVICES DIV.

1. Entity ID Number 000144885		2. Exact Name of the Corporation GULFPORT SOUTH LIMITED PARTNERSHIP	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 317 IRON HORSE WAY SUITE 301			
City/Town PROVIDENCE		State RHODE ISLAND	Zip 02908
4. The address of the NEW registered office is: Street Address (<u>NOT</u> a P.O. Box) 1301 ATWOOD AVENUE, SUITE 215 N			
City/Town JOHNSTON		State RHODE ISLAND	Zip 02919
5. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the day of filing) _____			
6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement). <i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct.</i>			
Name of the Registered Agent/Officer of the Corporation GENE M. CARLINO, ESQ.			Date 5.5.17
Signature of the Registered Agent/Officer of the Corporation  SIGN DOCUMENT HERE			

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

MAY 22 2017

BY A.A. 12:01 PM

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