



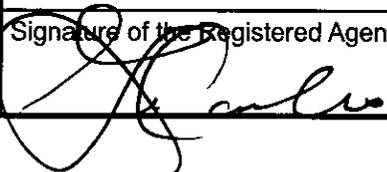
R.I. DEPARTMENT OF STATE  
 BUSINESS SERVICES DIVISION  
 2017 MAY 22 AM 11:57

**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:

1. Entity ID Number <b>000117812</b>	2. Exact Name of the Corporation <b>DCT FAMILY LIMITED PARTNERSHIP</b>
3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Street Address <b>317 IRON HORSE WAY, SUITE 301</b>	
City/Town <b>PROVIDENCE</b>	State <b>RHODE ISLAND</b> Zip <b>02908</b>
4. The address of the <b>NEW</b> registered office is: Street Address ( <u>NOT</u> a P.O. Box) <b>1301 ATWOOD AVENUE, SUITE 215 N</b>	
City/Town <b>JOHNSTON</b>	State <b>RHODE ISLAND</b> Zip <b>02919</b>
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 <b>GENE M. CARLINO, ESQ.</b>	Date <b>5-5-17</b>
Signature of the Registered Agent/Officer of the Corporation  <small>PLACE SIGNATURE HERE</small>	

**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 H.A. HUSTON

643 A.