



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

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R.I. DEPT. OF STATE
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Statement of Change of Specified Office and/or Registered Agent
DOMESTIC or FOREIGN 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:

1. Entity ID Number <i>1670594</i>		2. Exact Name of the Limited Partnership <i>THE PRINTER'S DAUGHTERS LLC</i>	
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 <i>921 POST RD</i>			
City/Town <i>WAKEFIELD</i>		State RHODE ISLAND	Zip Code <i>02878</i>
4. The address of the NEW specified office at which shall be kept the records required by Section 7-13-5 to be maintained is (APPLICABLE TO DOMESTIC LIMITED PARTNERSHIPS ONLY):			
Street Address (NOT a P.O. Box) <i>79 ROCKYBROOK WY</i>			
City/Town <i>30 KINGSTOWN</i>		State RHODE ISLAND	Zip Code <i>02875</i>
5. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <i>SAME AS #3</i>			
City/Town		State RHODE ISLAND	Zip Code
6. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: <i>John C Morrell</i>			

MAIL TO:

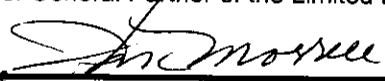
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY *C14627486*

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7. The address of the NEW registered agent is:		
Street Address (NOT a P.O. Box) 79 ROCKY BROOK WAY		
City/Town SOKINGSTOWN	State RHODE ISLAND	Zip Code 02879
8. The name of the NEW registered agent is: EMILY E MORRELL		
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 JOAN C MORRELL	Date 6/14/17	
Signature of General Partner of the Limited Partnership  SIGN DOCUMENT HERE		