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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 <b>91236</b>		2. Exact Name of the Limited Partnership <b>The Heidi Keller Moon Family Limited Partnership</b>	
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 - <b>101 Dyer Street</b>			
City/Town <b>Providence</b>		State <b>RHODE ISLAND</b>	Zip Code <b>02903</b>
4. The address of the <b>NEW</b> 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) <b>53 Conanicus Avenue, Unit 1C</b>			
City/Town <b>Jamestown</b>		State <b>RHODE ISLAND</b>	Zip Code <b>02835</b>
5. 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>1420 Financial Plaza</b>			
City/Town <b>Providence</b>		State <b>RHODE ISLAND</b>	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 <b>Andrew H. Davis, Jr., Esq.</b>			

**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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7. The address of the <b>NEW</b> registered agent is:		
Street Address ( <u>NOT</u> a P.O. Box) <b>301 Promenade Street</b>		
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02908</b>
8. The name of the <b>NEW</b> registered agent is <b>Karen G. DelPonte, Esq.</b>		
<i>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.</i>		
Name of a General Partner of the Limited Partnership <b>Heidi E. Keller Moon</b>	Date <b>July 12, 2019</b>	
Signature of General Partner of the Limited Partnership <i>Heidi E Keller Moon</i> SIGN HERE		

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.