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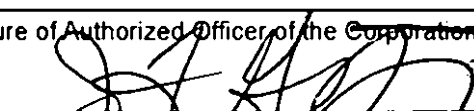
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN ~~Business Corporation~~ **LP**

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL ~~7-1-2-502 or 7-1-2-1409~~ ⁷⁻¹³⁻⁴ 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 000796327		2. Exact Name of the Corporation LP Reclaiming The Vision II, L.P.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 95 Sockanosset Cross Road, Suite # 209			
City/Town Cranston	State RHODE ISLAND	Zip 02920	
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Kristin A. DeKuiper			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 650 George Washington Highway Suite # 201			
City/Town Lincoln	State RHODE ISLAND	Zip 02865	
6. The name of the NEW registered agent is: Joseph Raheb			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct</i>			
Name of Authorized Officer of the Corporation LP Joseph F. Garlick, Jr.			Date 10/9/2019
Signature of Authorized Officer of the Corporation LP  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
OCT 09 2019
BY KL S6T9B
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