RI SOS Filing Number: 202036328990 Date: 3/13/2020 8:41:00 AM



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Statement of Change of Specified Office and/or Registered Agent

STAIGIP

DOMESTIC or FOREIGN Limited Partnership

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL <u>7-13-4</u> 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 2. Exact Name of the Limited Partnership			
1705935 LA RAZA	LANDSCAPING &	MASONERY LP	
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			
84 Survey AVE #3			
City/Town	State	Zip Code	
Central Falls	RHODE ISLAND	09865	
4. The address of the NEW specified office at which shall be kept the records required by Section <u>7-13-5</u> to be maintained is (APPLICABLE TO DOMESTIC LIMITED PARTNERSHIPS ONLY):			
Street Address (NOT a P.O. Box)			
City/Town	State RHODE ISLAND	Zip Code	
5. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 84 Sumner Ave_, Apri 3			
Central Falls	State RHODE ISLAND	Zip Code 0 2863	
6. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:			
NESTUR HERNANDEI			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 13 2020 BYCH HEGGQ 8:41

7. The address of the NEW registered agent is:			
Street Address (NOT a P.O. Box)	£ #3		
City/Town CENtral Fail S	RHODE ISLAND	Zip Code	
8. The name of the NEW registered agent is:			
GIL NESTUR HERNANDER			
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		Date ,	
ITI NESTON H	EKNANDEZ	>/13/20	
Signature of General Partner of the Limited Partnership			
SIGN DOCUI	MENT HERE		