Filing Fee: \$20.00

ID Number: <u>\$5/84</u>

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED PARTNERSHIP

STATEMENT OF CHANGE OF SPECIFIED OFFICE AND/OR REGISTERED AGENT

Pursuant to the provisions of Sections 7-13-4 of the General Laws, 1956, as amended, the undersigned authorizes a change of its specified office and/or its registered agent in the state of Rhode Island as follows:

CII	ange or its specified office and/or its registered agent in the state of Rhode Island as follows:
1.	The name of the limited partnership is: [AIMLY KIVIL GOL] Club L.P.
2.	The address of the specified office at which shall be kept the records required by Section 7-13-5 to be maintained as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
3.	The address of the NEW specified office at which shall be kept the records required by Section 7-13-5 to be maintained is: Section 7-13-5 to be Marven, K. 02865 (Applicable to domestic limited partnerships only)
4.	The name of the registered agent for service of process as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
5.	The name of the NEW registered agent for service of process is: Farmer + First, C.
6.	The address of the registered agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: D Weight St Providence K 02903
7.	The NEW address of the registered agent is: Sy State St. Wavvln, KI 03895
Dat	Under penalty of perjury, I declare that the information contained herein is true and correct. Palmer Print Name of Limited Partnership
Form	FILED By PalmerRiver Golf Club, Inc Seneral Partner By Seneral Partner By PalmerRiver Golf Club, Inc Seneral Partner President