



State of Rhode Island

Department of State - Business Services Division

Statement of Change of Specified Office and/or Registered Agent

DOMESTIC or FOREIGN Limited Partnership

→ Filing Fee: \$20.00

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R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2020 DEC 23 P 1:06

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 000574936	2. Exact Name of the Limited Partnership A3 Smart Home 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		
City/Town	State RHODE ISLAND	Zip Code
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 (<u>NOT</u> 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 222 JEFFERSON BOULEVARD SUITE 200		
City/Town WARWICK	State RHODE ISLAND	Zip Code 02888
6. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: REGISTERED AGENT SOLUTIONS, INC.		

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 **NEW** registered agent is:

Street Address (**NOT** a P.O. Box)

450 Veterans Memorial Parkway, Suite 7A

City/Town

East Providence

State

RHODE ISLAND

Zip Code

02914

8. The name of the **NEW** registered agent is:

C T Corporation System

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

Dustin Cramer, Treasurer & CFO Signing on behalf of General Partner SAFE GP DRE, LLC

Date

12/18/2020

Signature of General Partner of the Limited Partnership



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.

FORM 643 - Revised: 08/2020