



State of Rhode Island

Department of State - Business Services Division

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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 000075176	2. Exact Name of the Limited Partnership University Heights Apartments, L.P.	
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 44 Washington Street		
City/Town Providence	State RHODE ISLAND	Zip Code 02903
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) 44 Washington Street		
City/Town Providence	State RHODE ISLAND	Zip Code 02903
5. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 44 Washington Street		
City/Town Providence	State RHODE ISLAND	Zip Code 02903
6. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Barbara G. Fields		

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 (<u>NOT</u> a P.O. Box) 44 Washington Street		
City/Town Providence	State RHODE ISLAND	Zip Code 02903
8. The name of the NEW registered agent is: Corinne Myers, General Counsel		
<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 University Heights Housing Corporation by Carol Ventura, Secretary		Date 12/7/2021
Signature of General Partner of the Limited Partnership 		