

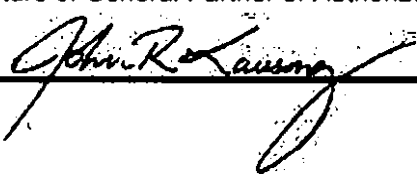
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**Statement of Change of Registered Agent**  
 DOMESTIC or FOREIGN Partnership

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-13.1-118 or 7-12.1-909 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 <b>001722569</b>		2. Exact Name of the Limited Partnership <b>ALDRICH CPAS AND ADVISORS LLP</b>	
3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Street Address <b>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</b>			
City/Town <b>EAST PROVIDENCE</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02914</b>	
4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <b>CT CORPORATION SYSTEM</b>			
5. The address of the <b>NEW</b> registered agent is: Street Address ( <u>NOT</u> a P.O. Box) <b>222 Jefferson Blvd. Suite 200</b>			
City/Town <b>Warwick</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02888</b>	
6. The name of the <b>NEW</b> registered agent is: <b>Registered Agent Solutions, Inc.</b>			
<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 or Authorized Representative <b>AKT SERVICES LLP by John Lauseng, CEO</b>		Date <b>2/1/2023</b>	
Signature of General Partner or Authorized Representative 			

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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