



State of Rhode Island
Department of State - Business Services Division

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 USE ONLY

Statement of Change of Registered Agent

DOMESTIC or FOREIGN Partnership

→ Filing Fee: \$20.00

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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 000849348		2. Exact Name of the Limited Partnership DIVINE AND SERVICE, LTD.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State.			
Street Address 450 VETERANS MEMORIAL PARKWAY, SUITE 7A			
City/Town EAST PROVIDENCE		State RHODE ISLAND	Zip Code 02914
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: CT CORPORATION SYSTEM			
5. The address of the NEW registered agent is:			
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200			
City/Town Warwick		State RHODE ISLAND	Zip Code 02888
6. The name of the NEW registered agent is: Corporation Service Company			
<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 JOHN FISHER, Partner			Date 06/13/2023
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

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