



State of Rhode Island

Department of State - Business Services Division

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FOR SECRETARY OF STATE
USE ONLY

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 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 (<u>NOT</u> 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 | | | |
| 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 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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