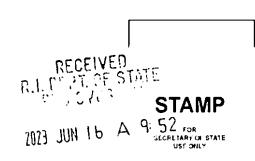


## RECEIVED R.I. C. T. O. STATE Statement of Change of Registered Agent DOMESTIC or EODE ION Data

DOMESTIC or FOREIGN Partnership

→ Filing Fee: \$20.00



Pursuant to the provisions of RIGL <u>7-13.1-118</u> or <u>7-12.1-909</u> the undersigned partnership submits the following statement for the purpose of changing its specified office or registered agent in the State of			
Rhode Island		<u> </u>	
Entity ID Number	2. Exact Name of the Limited Partnership		
000849348	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		State	Zip Code
EAST PROVIDENCE		RHODE ISLAND	02914
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 <b>NEW</b> registered agent is.			
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200			
City/Town <b>Warwick</b>		State RHODE ISLAND	Zip Code 02888
6 The name of the <b>NEW</b> 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			Date
JOHN FISHER, Partner			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

FILED