



State of Rhode Island
Department of State - Business Services Division

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USE ONLY

Designation of Registered Agent/Office

DOMESTIC or FOREIGN Partnership

→ No Filing Fee

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 designating a registered agent and office in the State of Rhode Island:

| | | |
|--|---|-----------------|
| 1. Entity ID Number 0000 75 249 | 2. Exact Name of the Partnership 34 TL-2 Limited Partnership | |
| 3. The address of the registered office is: Street Address (NOT a P.O. Box) 8 Pennsylvania Rd. | | |
| City/Town Little Compton | State RHODE ISLAND | Zip 02837 |
| 4. The name of the registered agent is: Michael A Steers | | |
| 5. Under penalty of perjury, I declare and affirm that I have examined this Statement of Designation of Registered Office by the Partnership, and that all statements contained herein are true and correct. | | |
| Name of a General Partner or Authorized Representative Catherine H Denckla | | Date 4.30.24 |
| Signature of the a General Partner or Authorized Representative | | |

Text

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
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