RI SOS Filing Number: 202453540160 Date: 4/30/2024 1:12:00 PM



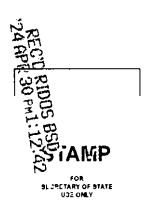
State of Rhode Island
Department of State - Business Services Division

## **Designation of Registered Agent/Office**

DOMESTIC or FOREIGN Partnership

→ No Filing Fee

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



1. Entity ID Number	2. Exact Name of the Partnership		
0000 75 249	34 TL-2 Limited Partnership		
3. The address of the reg	istered office is:		
Street Address (NOT a P.O.	<sup>Box)</sup> 8 Pennsylvania Rd.		
City/Town Little Compton		State RHODE ISLAND	<sup>Zip</sup> 02837
4. The name of the regist	tered agent is:	-	
Michael A Steers			
, , ,	ry, I declare and affirm that I have o all statements contained herein ar		esignation of Registered Office by
Name of a General Partner or Authorized Representative			Date
Catherine H Denckla			4.30.24
Signature of the a Gener	al Partner or Authorized Represent	ative	•

Text

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov APR 3 0 2024 IVIP