



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 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 changing its registered office **ONLY** in the State of Rhode Island:

1. Entity ID Number 1697285		2. Exact Name of the Partnership MAS OZ, LP	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 38 Dike Street			
City/Town Providence	State RHODE ISLAND	Zip Code 02909	
4. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 174 Enfield Ave.			
City/Town Providence	State RHODE ISLAND	Zip Code 02908	
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office by the Partnership, and that all statements contained herein are true and correct.			
Name of a General Partner or Authorized Person of the Partnership MICHAEL A. SOLAMON		Date 10/17/2024	
Signature of a General Partner or Authorized Person of the Partnership 			

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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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BY **AA** 11:34 AM
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