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State of Rhode Island

Department of State - Business Services Division



Statement of Change of Registered Agent

DOMESTIC or FOREIGN Partnership

→ Filing Fee: \$20.00

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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 registered agent in the State of Rhode Island:

1. Entity ID Number	2. Exact Name of the Partnership				
000097887	Leven Holdings, L.P.				
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:					
Street Address 123 High Street					
City/Town Pawtucket		State RHODE ISLAND	Zip Code 02860		
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:					
Alan J. Leven					
5. The address of the NEW registered agent is:					
Street Address (NOT a P.O. Box) Sylvia & Kishfy, LLC, 56 Exchange Terrace					
City/Town Providence		State RHODE ISLAND	Zip	Zip Code 02903	
6. The name of the NEW registered agent is:					
Mark G. Sylvia					
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Partnership, and that all statements contained herein are true and correct.					
Name of a General Partner o	r Authorized Representative		Date	1 -1 2	
David E. Leven		2	28/2005		
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

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