



State of Rhode Island
Department of State - Business Services Division

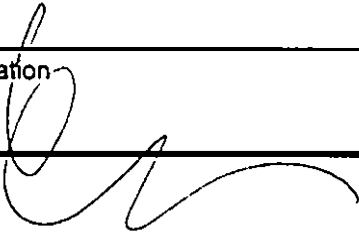
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FOR
SECRETARY OF STATE
USE ONLY

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number 148948		2. Exact Name of the Corporation TAI-O General Partner, Inc.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 50 SOUTH MAIN STREET			
City/Town PROVIDENCE		State RHODE ISLAND	Zip 02903
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: JOHN M. BOEHNERT, ESQ.			
5. The address of the NEW registered office is:			
Street Address (<u>NOT</u> a P.O. Box) 521 ROOSEVELT AVENUE			
City/Town CENTRAL FALLS		State RHODE ISLAND	Zip 02863
6. The name of the NEW registered agent is: LOUIS YIP			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY			
☒ Date received (Upon filing)			
☐ Later effective date (Date must be no more than 30 days from the date of filing) _____			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.</i>			
Name of Authorized Officer of the Corporation LOUIS YIP			Date 4/14/2025
Signature of Authorized Officer of the Corporation 			

MAIL TO:

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

