REGISTERED LIMITED PARTNERSHIP

ID Number: _000049672 ___

Filing Fee: \$20.00

STATEMENT OF CHANGE OF SPECIFIED OFFICE AND/OR REGISTERED AGENT		
Pursuant to the provisions of Sections 7-13-4 of the General Laws, 1956, as amended, the undersigned authorizes a change of its specified office and/or its registered agent in the state of Rhode Island as follows:		
1. The name of the limited	l partnership is:	
	Fleet C	Center Associates
		ept the records required by Section 7-13-5 to be maintained as node Island Secretary of State is:
10 Weybosset St	reet, Providence, Rhode Island	02903
	(Applicable to dome	estic limited partnerships only)
3. The address of the NEW specified office at which shall be kept the records required by Section 7-13-5 to be maintained is:		
155 South Main Street, Suite 301, Providence, Rhode Island 02903		
(Applicable to domestic limited partnerships only)		
4. The name of the registered agent for service of process as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: C T Corporation System		
	registered agent for service of proration System	process is:
State is:	stered agent as PRESENTLY si	hown in the records on file with the Rhode Island Secretary of de Island 02903
7. The NEW address of th	ne registered agent is: 1th Main Street, Suite 301, Prov	vidence, Rhode Island 02903
		Under penalty of perjury, I declare that the information contained herein is true and correct.
Date: 1/12/200)	Fleet Center associates
		Print Name of Limited Partnership
		By Conne 12 Smith
	FILED	By Counce B. Smith General Partner Secretary, Fleet Property Compan
Form No. 643 Revised: 12/05	FEB 27 2009	secretary, the
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