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Form No. 643 Revised: 12/05

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

## **LIMITED PARTNERSHIP**

## 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:

cha	ange of its specified office and/or its registered agent in t	he state of Rhode Island as follows:
1.	The name of the limited partnership is:	
	Sabcard Limited Partnership	
2.	The address of the specified office at which shall be kept the records required by Section 7-13-5 to be maintained as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:  300 Twin River Road, Lincoln, RI 02865	
	(Applicable to domestic	limited partnerships only)
3.	The address of the NEW specified office at which smaintained is:	shall be kept the records required by Section 7-13-5 to be
	532 Angell Road, Lincoln, RI	02865
	(Applicable to domestic	limited partnerships only)
4.	Island Secretary of State is:	s as PRESENTLY shown in the records on file with the Rhode
	Herbert F. DeSimone, Esq.	
5.	The name of the NEW registered agent for service of process is:  Bruce A. Leach, Esq.	
6.	The address of the registered agent as PRESENTLY s State is:	hown in the records on file with the Rhode Island Secretary of
	49 Weybosset Street, 5th Fl, Providence, RI 02903	
7. The NEW address of the registered agent is: One Turks Head Place, Ste 1010, Providence, RI 02103		Providence, RI 02 10 3
		المرا المراجع
		Under penalty of perjury, I declare that the information contained herein is true and correct.
Date: December 10, 2009		Sabcard Limited Partnership
		Print Name of Limited Partnership
	FILED	
		By ilynu aren
	<b>0EC</b> 1 ○ 2009	General Partner
	O(2n)	