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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			
Pu cha	rsuant to the provisions of Sections 7-13-4 of the General ange of its specified office and/or its registered agent in the section of the sec	eral Laws, 1956, as amended, the undersigned authorizes a he state of Rhode Island as follows:	
1.	The name of the limited partnership is:		
	Ashton Village, L. P.		
2.	the address of the specified office at which shall be kept the records required by Section 7-13-5 to be maintained a RESENTLY shown in the records on file with the Rhode Island Secretary of State is: 673 Mendon Road, Cumberland, RI 02864		
	(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	
	1029 Mendon Road, Cumberland, RI 02864		
	(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: Drew Kaplan		
5.	The name of the NEW registered agent for service of process is:		
6.	The address of the registered agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: One Park Row, Suite 300, Providence, RI 02903		
7.	The NEW address of the registered agent is:		
Da	FEB 0 3 2014	Under penalty of perjury, I declare that the information contained herein is true and correct. Ashton Village, L.P. Print Name of Limited Partnership By	
	1 5 0 3 2014	General Partner	