

State of Rhode Island and Providence Plantations Department of State - Business Services Division 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov | Real Control of Charment of Cha

2016 JUL 13 PM 2: 14

Statement of Change of Specified Office and/or Registered Agent **Limited Partnership**

Pursuant to the provisions of F	RIGL 7-13-4 the undersigned p	ee: \$20.00 artnership submits the followin	g statement fo	or the purpose of
changing its specified office or 1. Entity ID Number	r registered agent in the State of Rhode Island: 2. Exact Name of the Limited Partnership			
50058	Scojen Limited Partnership			
3. The address of the specified PRESENTLY shown in the reconstruction PARTNERSHIPS ONLY):	office at which shall be kept the ords on file with the RI Departme	e records required by RIGL <u>7-13-</u> ent of State (APPLICABLE TO D	5 to be mainta OMESTIC LIM	ined as ITED
Street Address		City	State	Zip
6 BLACKSTONE VALLEY PLACE		LINCOLN	RI	02865
4. The address of the NEW specified office at which shall be kept the records required by Section 7-13-5 to be maintained is (APPLICABLE TO DOMESTIC LIMITED PARTNERSHIPS ONLY):				
Street Address		City	State	Zip
6 BLACKSTON VALLEY PLACE		LINCOLN	RI	02865
5. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:				
JOSEPH F. WHINERY, JR., ESQ.				
6. The name of the NEW registered agent is:				
JOSEPH RAHEB, ESQ.				
7. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:				
Street Address 301 PROMENADE STREET				
City/Town PROVIDENCE		State RHODE ISLAND	^{Zip} 02908	
8. The address of the NEW registered agent is:				
Street Address (NOT a P.O. Box) 650 GEO. WASHINGTON HWY.				
City/Town LINCOLN		State RHODE ISLAND	^{Zip} 02865	
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Specified Office and/or Registered Agent by the Limited Partnership, and that all statements contained herein are true and correct.				
Name of a General Partner of the Limited Partnership			Date	/
JENNIFER COOKKE, MEMBER OF GRARRY LLC, G.P.			4/25/	<u> </u>
Signature of General Partner of the Limited Partnership				
Janto COOK			FILED	
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Form No. 643 Revised: 2016

JUL 13 2016 BAN8922-A. A. A. A. 14pm.