



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2018 MAY 16 PM 1:49

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

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-13-4 the undersigned partnership submits the following statement for the purpose of changing its specified office or registered agent in the State of Rhode Island:

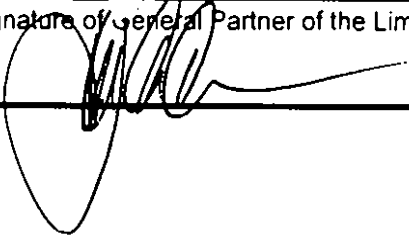
1. Entity ID Number <b>000103857</b>	2. Exact Name of the Limited Partnership <b>FELMWOOD COMMONS Limited Partnership</b>		
3. The address of the specified office at which shall be kept the records required by RIGL 7-13-5 to be maintained as <b>PRESENTLY</b> shown in the records on file with the RI Department of State (APPLICABLE TO DOMESTIC LIMITED PARTNERSHIPS ONLY):			
Street Address <b>861A Broad St</b>			
City/Town <b>PVD</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02907</b>	
4. The address of the <b>NEW</b> 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 (NOT a P.O. Box) <b>861A BROAD ST</b>			
City/Town <b>PVD</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02907</b>	
5. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address <b>861A BROAD ST</b>			
City/Town <b>PVD</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02907</b>	
6. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <b>JENNIFER HAWKINS</b>			

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

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7. The address of the <b>NEW</b> registered agent is:		
Street Address ( <u>NOT</u> a P.O. Box) 261 A Broad St		
City/Town PVD	State RHODE ISLAND	Zip Code 02907
8. The name of the <b>NEW</b> registered agent is: JAMES A. COMER		
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 EAP INC.		Date 5/16/18
Signature of General Partner of the Limited Partnership 		SIGN DOCUMENT HERE