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**The Commonwealth of Massachusetts**

**William Francis Galvin**

Secretary of the Commonwealth

One Ashburton Place - Room 1717, Boston, Massachusetts 02108-1512

**Limited Partnership  
Statement of Change of Resident Agent  
Office Address by Resident Agent  
(General Laws Chapter 109 Sections 4A and 52)**

(1) Name of agent:

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(2) Name of each limited partnership:

(3) Current resident agent office address:

(4) New resident agent office address:

I certify that each limited partnership listed herein has been notified in writing of this change as required by G. L. Chapter 109, Sections 4A and 52.

This certificate is effective at the time and on the date approved by the Division.

Signed by (*signature of resident agent*): \_\_\_\_\_,

on this \_\_\_\_\_ day of \_\_\_\_\_ of \_\_\_\_\_.

**COMMONWEALTH OF MASSACHUSETTS**

**William Francis Galvin**  
Secretary of the Commonwealth  
One Ashburton Place, Boston, Massachusetts 02108-1512

**Statement of Change of Resident  
Office Address by Resident Agent  
(General Laws Chapter 109 Sections 4A and 52)**

I hereby certify that upon examination of this statement of change, duly submitted to me, it appears that the provisions of the General Laws relative thereto have been complied with, and I hereby approve said statement; and the filing fee in the amount of \$ \_\_\_\_\_ having been paid, said statement is deemed to have been filed with me this

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, at \_\_\_\_\_ a.m./p.m.  
*time*

**WILLIAM FRANCIS GALVIN**  
*Secretary of the Commonwealth*

Filing fee: \$25 for paper or fax filings.  
No fee if filed electronically.

**TO BE FILLED IN BY LIMITED PARTNERSHIP**  
Contact Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Upon filing, a copy of this filing will be available at [www.sec.state.ma.us/cor](http://www.sec.state.ma.us/cor).  
If the document is rejected, a copy of the rejection sheet and rejected document will be available in the rejected queue.