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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/Resident Office
(General Laws Chapter 109 Sections 4A and 52)**

(1) Exact name of limited partnership(s):

(2) Current resident agent office address:

(3) New resident agent office address:

Current resident agent: _____

Resident agent will (*check appropriate box*):

- change to _____
(name of new resident agent)
- remain the same.

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

Signed by (*signature of general partner*): _____,

on this _____ day of _____, _____.

Consent of resident agent:

I, _____
resident agent of the above limited partnership, consent to my appointment as resident agent pursuant to G.L. Chapter 109 Sections 4A and 52.*

*or attach resident agent's consent hereto.

COMMONWEALTH OF MASSACHUSETTS

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

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Statement of Change of
Resident Agent/Resident Office
(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.
If the document is rejected, a copy of the rejection sheet and rejected document will be available in the rejected queue.