

CERTIFICATE OF CHANGE OF AGENT'S RESIDENCE OR BUSINESS ADDRESS DOMESTIC AND FOREIGN LIMITED PARTNERSHIP

MAILING ADDRESS:
Commercial Recording Division
Connecticut Secretary of the State
P.O. Box 150470
Hartford, CT 06115-0470
860-509-6003

COURIER ADDRESS:
Commercial Recording Division
Connecticut Secretary of the State
30 Trinity Street
Hartford, CT 06106
860-509-6003

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|---|-----------------------|----------------------------|---------------------------|--|-----------|
| Space For Office Use Only | | Filing Fee: \$10.00 | | Make Checks Payable To "Secretary of the State" | |
| 1. Name of the Limited Partnership: | | | | | |
| 2. Effective _____ the business/residence address(s) of the agent of the Limited Partnership (insert date) in Connecticut are: | | | | | |
| CURRENT AGENT NAME AND ADDRESS INFORMATION: | | | | | |
| Name of agent: | | | | | |
| Business/Registered office address: | | | Residence address: | | |
| 3. Execution: | | | | | |
| Dated this _____ day of _____, 20_____. | | | | | |
| | | | | | |
| Print or type name of signatory | Capacity of signatory | | | | Signature |