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

Office of the Secretary of the State
30 Trinity Street / P.O. Box150470 / Hartford, CT 06115-0470 / Rev. 10/09/2002

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1. Name of the Limited Partnership

2. Effective _____ the business/residence address(es) of the agent of the Limited Partnership (insert date) in Connecticut are:

Business Address	Residence Address
_____ Street (P.O. Box is unacceptable)	_____ Street (P.O. Box is unacceptable)
_____ City State Zip	_____ City State Zip

3. Date of execution (Month/Day/Year) _____/_____/_____

_____ _____
General Partner (signature) **Statutory Agent (signature)**

OR

_____ _____
Name of General Partner (type or print) **Name of Statutory Agent (type or print)**