(Ř	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B.	usiness Entity Name)	
(5)	usiness Entity Harrier	
(D	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to Fili	ing Officer:	
		J. HORNE
		J. HORNE OCT 13 202

Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:10	0/12/2023	
Name:	Jennifer	
	2121526	
Entity Name:	TRIVEST	PARTNERS, L.P.
☐ Articles	of Incorporation/Authorizatio	n to Transact Business
— ☐ Amendn	nent	
✓ Change	of Agent	
☐ Reinstat	ement	
Convers	ion	
Merger		
Dissoluti	on/Withdrawal	
☐ Fictitious	s Name	
Other		
Authorized Amo	ount: <b>35.00</b>	
Signature:		



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	10/12/2023	
Name:	Jennifer	_
	2121526	_
Entity Name:	TRIVEST F	PARTNERS, L.P.
Article	es of Incorporation/Authorization	to Transact Business
Amen	ndment	
✓ Change	ge of Agent	
☐ Reins	statement	
☐ Conve	ersion	
☐ Merge	er	
Dissol	lution/Withdrawal	
Fictition	ous Name	
Other		· · · · · · · · · · · · · · · · · · ·
Authorized A	mount:35.00	
Signature:		
	7/	

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

partnership or limite	isions of section 620.1115. Fled liability limited partnership doffice or registered agent, or	submits the fol	lowing stateme			
1.	TRIVEST PAR	RTNERS, L	P.	,		
Nai	me of Limited Partnership or Lim			р		
2. Jan	uary 3, 2000	3.	A000000	00010		
Date of filing	/registration in Florida		A0000000010  Florida document number			
4. The name of the re Department of State:	gistered agent and the registered	office address as	shown on the re	cords of the Florida		
	GERSHMA	N, DAVID				
	Nan	ie				
550 SOUTH DIXIE HIGHWAY SUITE 300						
	Addr	ess				
	CORAL GABLE		6			
	City, State	and Zip				
5. The name and Flor	ida street address of the new regi	stered agent and/	or office:			
COGENCY GLOBAL INC.						
Name						
115 North Calhoun St., Suite 4						
	Florida street address (P.O. Box not acceptable)					
	Tallahassee	FL_	32301			
	City, State					
6. Such change(s) is/a	re effective when tiled by the Flo	orida Department	of State.			
David Gershman	, Secretary of TRIVEST F	PARTNERS,	INC., Gener	al Partner		
Signature of General F						
comply with the provis	pointment as registered agent an sions of all statutes relative to the an accept the obligations of my	proper and com	plete performani			
/s/ Tim Mayville						
Signature of Registere	d Agent					
Filing Fee: Certified Copy (o	\$35.00 ptional): \$52.50					

/s/