A19000000277

· -	(Requestor's Name)	
	(Address)	<u></u>
	(Address)	
	(City/State/Zip/Phone #)	
☐ PICK•U	> WAIT	MAIL
	(Business Entity Name)	
		. _
	(Document Number)	
entified Copies	Certificates of S	Status
Special Instruction	s to Filing Officer	

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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:	04/16/2021					
Name:	Merritt W	/alker	<u> </u>			
Reference #	#: 131	5084				
	CRESTVIEW II VENTURE I)		
_			n to Transact Business			
Amer Amer	ndment					
✓ Chan	ige of Agent			S		
Reins	statement			DA AP		
☐ Conv	ersion			2021 APR 16 SEGRETARY		
☐ Merg	er			Y OF STATE		
☐ Disso	olution/Withdrawa	al				
Fictiti	ous Name					
Other	r	·				
Authorized A	Amount:	\$35				
Signature:		mw				

F: 800.944.6607

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

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1	CRESTVIEW	<u>II VENTURE</u>	: LP	
1	Name of Limited Partnership or Li	mited Liability Lin	nited Partnership	
2. July 9, 2019 Date of filing/registration in Florida		3.	A1900000277	
Date of fili	ng/registration in Florida	·	Florida document numb	er
4. The name of the Department of State	registered agent and the registered	l office address as:	shown on the records of	the Florida
	BCRA	N, LLC		
		me		
	1905 NW CORPOR	ATE BLVD, ST	TE 310	
		N, FL 33431	· 	SE 55
	City, Stat	e and Zip		
5. The name and F	lorida street address of the new reg	istered agent and/o	or office:	
	COGENCY	SLOBAL INC.		354
	Na	me		
	115 North Calh			
	Florida street address (P	O. Box not accept	iable)	· m
	Tallahassee	FL_ e and Zip	32301_	
	City. Stat	e and Zip		
6. Such change(s)	s/are effective when filed by the F	lorida Department	of State.	
/S/ Syd	ne Garchik			
Signature of Genera	Il Partner CRESTVIEW I GF	DE LLC by S	ydne Garchik, Ma	nager
I hereby accept the comply with the pro	appointment as registered agent a ovisions of all statutes relative to the ith an accept the obligations of my	nd agree to act in t ne proper and comp	his capacity. I further a plete performance of my	igree to
/S/ Tim	Mayville			
Signature of Registe	ered Agent Tim Mayville, As	sistant Secret	ary	
Filing Fee: Certified Copy	\$35.00 (optional): \$52.50			