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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

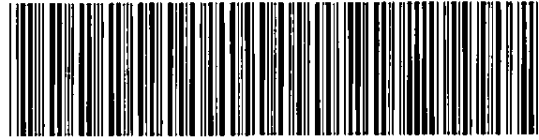
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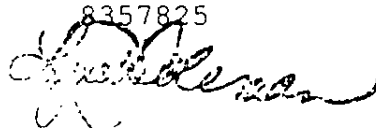
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2025 FEB 17 AM 11:09

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : 120000000195

REFERENCE : 975926 8357825

AUTHORIZATION : 

COST LIMIT : \$ 35.00

ORDER DATE : February 11, 2025

ORDER TIME : 9:46 AM

ORDER NO. : 975926-109

CUSTOMER NO: 8357825

CHANGE OF AGENT

NAME: CPPM MANAGER LP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
_____ PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER: _____

**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.

FILED
2015 FEB 17 PM 1:18
CLERK OF CIRCUIT COURT
JANET L. HARRIS

1. CPPM MANAGER LP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 03/01/2013 3. A13000000111
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT CORPORATION SYSTEM
Name
1200 SOUTH PINE ISLAND ROAD
Address
PLANTATION, FL 33324
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32301
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

/S/ Brett Schwenneker
Signature of General Partner

Brett Schwenneker Authorized Person on behalf of Crocker Partners Holding, Inc., General Partner.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Grace E. Kirby
Signature of Registered Agent
Grace E. Kirby, Asst. Vice President

Filing Fee: \$35.00 975926
Certified Copy (optional): \$52.50