A19000000276

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By Change

100.1 / E01



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

Account#: I20000000088

Date: 04/16	5/2021		
Name: M	erritt Walker	<u> </u>	
Reference #:			
Entity Name:	CRESTVIE	W I VENTURE LP	
	corporation/Authorizatior		
☐ Amendment			ę ·
Change of A	gent		
Reinstateme	ent		2021 APR 16 SEGRETAR TRALLAR
Conversion			, s ~ ~ ~ C
Merger			AM II: 19
☐ Dissolution/V	Vithdrawal		77 - 9
Fictitious Na	me		
Other			
Authorized Amount:	\$35		
Signature:	mw		

COGENCY GLOBAL INC. 10 E 40° ST, 10° FL NY, NY 10016 D: +1,212,947,7200 P: 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	<u>CRESTVIEW</u>	<u>I VENTUR</u>	E_LP_	
	Name of Limited Partnership or Lin	mited Liability L	imited Partnership	
2.	July 9, 2019	3.	A1900000	0276
Date of filing/registration in Florida			Florida document number	
4. The name of Department of S	the registered agent and the registered trate;	office address a	s shown on the rece	ords of the Florida
	BCRA	, LLC		
	Na			
	1905 NW CORPORA	ATE BLVD, S	STE 310	
	Add			- •
	BOCA RATO	N, FL 3343	1	
	City, State			连續
5. The name and	d Florida street address of the new reg	istered agent and	l/or office:	
	COGENCY G	LOBAL INC		(A)
	Na	me		1700
	115 North Calho	oun St., Suite	e 4	
	Florida street address (P			Lu
	Tallahassee	FL	32301	
	City, State		,	
6. Such change(s) is/are effective when filed by the Fl	lorida Departme	nt of State.	
/S/ S	lydne Garchik			
Signature of Ger	neral Partner CRESTVIEW I GF	DE LLC by	Sydne Garchi	k, Manager
I hereby accept a comply with the and I am familia	the appointment as registered agent as provisions of all statutes relative to the with an accept the obligations of my Tim Mayville	nd agree to act is se proper and cos	n this capacity. I fi mplete performance	irther agree to
Signature of Reg	gistered Agent Tim Mayville, As	ssistant Secr	retary	
Filing Fee: Certified Co	\$35.00 pv (optional): \$52.50			