B0600000259

(Re	questor's Name)	 				
(Ad	dress)	. <u> </u>				
(Ad	dress)					
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	. MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

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SECRETARY OF STATE

N. Cumpan JUN 3 - 2015



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: May 26, 2015

Order#: 630558-026

Re: GENCOM ASSET MANAGEMENT COMPANY, L.P.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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.

	M ASSET MANAGE Limited Partnership or Limite				
2	2006	3	B06000 Florida docum	00025 <u>9</u>	
4. The name of the registere Department of State:	d agent and the registered off	ice address a	s shown on the 1	records of the Florida	
	C T Corporation	n Svstem			
	Name	Cycloiii			
	1200 South Pine	Island Po	ad	ZA	2
	Address		<u>au</u>	CRE LA	
	Plantation, FL 33324				₹ <u>म</u>
	City, State an		-	S S S S S S S S S S S S S S S S S S S	1L.1
5. The name and Florida str	eet address of the new registe	•	d/or office:	E E	
	Corporation Service	e Compa	nv	あた 西部	7 Ö
-	Name		···,	3 1:1	44
	1201 Hays \$	Street			
	Florida street address (P.O.		eptable)		
	Tallahassee	FI	32301		
	City, State an	d Zip	-		
6. Such change(s) is/are effe	ctive when filed by the Floric	la Departme	nt of State.		
Signature of General Partner	Dona Priebe, Authorized Perso	n on behalf of	Gencom Asset M	anagement GP, L.L.C., Gen	eral Partner
I hereby accept the appointm comply with the provisions of	nent as registered agent and a fall statutes relative to the pr cept the obligations of my pos vice Company	gree to act is oper and cos	n this capacity. I	I further agree to	
Signature of Registered Ager	Sylvia Queppet, Asst. Vic	e President			
Filing Fee	\$35.00				

Certified Copy (optional): \$52.50