## B1700000016

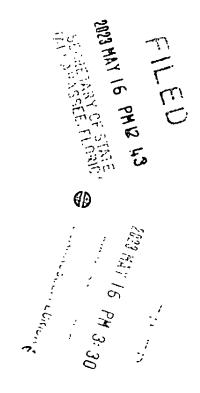
(	Requestor's Name)	
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	Address)	
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	Business Entity Name)	
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A. RAMSEY MAY 17 2023 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 758-3-987 8400440				
AUTHORIZATION: Spelle son				
COST LIMIT : \$ 35.00				
ORDER DATE : May 16, 2023				
ORDER TIME : 1:03 PM				
ORDER NO. : 753398-010				
CUSTOMER NO: 8400440				
CHANGE OF AGENT				
NAME. ANDADDO HOLDTNOC ID				
NAME: ANTARES HOLDINGS LP				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
FEBASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY  XX PLAIN STAMPED COPY				
CONTACT PERSON: Alexxis Weiland-sorenson				
EXAMINER'S INITIALS:				

## 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.

. ANTARES (C	DELAWARÉ) LP		
	Name of Limited Partnership or Lin	·	1
01/18/2017		3. B17000000016	
Date of t	iling/registration in Florida	Florida documen	t number
. The name of the Department of Sta	he registered agent and the registered ate:	office address as shown on the rec	
	CT CORPORATION SYSTE	М	
	Nan	ne	3.63
	1200 S PINE ISLAND RD		上光
	Addr	ess	75
	PLANTATION, FL 33324		1. July 1. Jul
	City, State	and Zip	STATE SECTION
The name and	Florida street address of the new regi	stered agent and/or office:	ŕ
	Corporation Service Compar	ıy	
	Nan	ne	
	1201 Hays Street		
	Florida street address (P.	O. Box not acceptable)	
	Tallahassee	FL 32301	
	City, State	<del></del> · <del>~</del>	
Such change(s	) is/are effective when filed by the Flo	orida Department of State.	
Xee E	Whee		
ignature of Gene Jill Cilmi, Vi	eral Partner ce President on behalf of ANTARES	HOLDINGS GP INC., General Pa	artner
hereby accept th	ne appointment as registered agent an	nd agree to act in this capacity. I fi	iather agree to
	rovisions of all statutes relative to the with all accept the obligations of my		e of my duties,
	The state of the s	position as registered agent.	
	<u>a</u> C. NOIO.		
lignature of Regi Grace E. Kirby.	Asst Vice President		
filing Fee:	\$35.00		

Certified Copy (optional): \$52.50