B18000000056

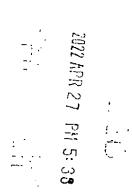
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: April 23, 2021

Order#: 774946-032

Re: PARTICIPANT CAPITAL FUND I, LP

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$\$35.00.

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: Meghan Groom c/o Corporation Service Company 251 Little Falls Drive 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.

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. PARTICIPANT	CAPITAL FUND I, LP			
7	Name of Limited Partnersh	ip or Limited Liab	oility Limited Partners	ship
2. 02/13/2018		7	B18000000036	
Date of filing/registration in Florida			Florida document number	
4. The name of the Department of State	registered agent and the re	gistered office ad	dress as shown on the	records of the Florida
	MOISES, SERGIO			
	•	Name		_
	1010 NE 2ND AVEN	U E		2021
		Address		38.7
	MIAMI, FL 33132			2022 APR 27
	C	ity, State and Zip	-	
5. The name and Fl	orida street address of the	new registered age	ent and/or office:	P
	Corporation Service (Company		بن ن
	•	Name		٠ ٥
	1201 Hays Street			
	Florida street ad	dress (P.O. Box no	ot acceptable)	
	Tallahassee		FL ³²³⁰¹	
	Ci	ity, State and Zip	<u> </u>	
Signature of Oenera	s/are effective when filed b	Jill Cilmí, Capital Pa	Authorized Person of ertner US, LLC., Gene	
comply with the pro-	appointment as registered a visions of all statutes relation that accept the obligation	iv e to the proper a us of my position c	nd complete performe	ance of my duties,
Signature of Registe Filing Fee:	red Agent		,	
i mng ree:	333.00			

Certified Copy (optional): \$52.50