

B180000000 38

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

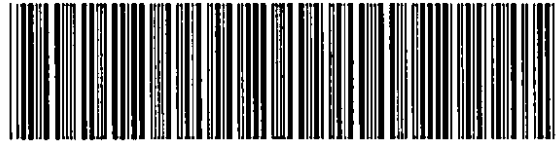
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Las Olas Private Credit II, LP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** B18000000038

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Shelley Marciano  
Contact Person  
WLD Enterprises, Inc.  
Firm/Company  
401 E Las Olas Blvd., Suite 2200  
Address  
Fort Lauderdale, FL 33301  
City, State and Zip Code  
clong@wldent.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shelley Marciano at ( 954 ) 523-7771  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**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. Las Olas Private Credit II, LP  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 2-16-2018 3. B18000000038  
Date of filing/registration in Florida Florida document number

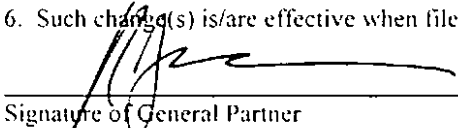
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Corporation Service Company  
Name  
1201 Hays Street  
Address  
Tallahassee, FL 32301  
City, State and Zip

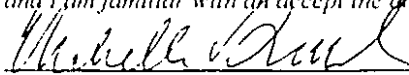
5. The name and Florida street address of the new registered agent and/or office:

Michelle Donaghue  
Name  
401 East Las Olas Blvd., Suite 2200  
Florida street address (P.O. Box not acceptable)  
Fort Lauderdale FL 33301  
City, State and Zip

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

  
Signature of 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.*

  
Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA