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Division of Corporations

Fax Number : (850)617-6383

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Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 : (800)345-4647 Phone : (800)432-3622 Fax Number

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REGISTERED AGENT CHANGE THE ASPECT AL LP

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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. THE ASPECT AL LP Name of Limited Partne	ership or Limited Liability Limited Par	rtnership	
_{2.} 4/23/2018	3.B1800000	00110	
Date of filing/registration in Flori		Florida document number	
4. The name of the registered agent and the Department of State:	e registered office address as shown o	n the records of the Florida	
C T CORPORA	TION SYSTEM		
	Name		
1200 SOUTH P	INE ISLAND ROAD		
	Address		
PLANTATION,	FL 33324	····· K 3	
	City, State and Zip		
5. The name and Florida street address of	the new registered agent and/or office	FILI 2022 SEP 26 ALL MIASSEL	
Capitol Corpora	te Services, Inc.		
	Name	PA CO	
515 East Park A	Avenue 2nd FI		
Florida stree	t address (P.O. Box not acceptable)	ा । ेट्रा ा	
Tallahass ee	FL_32301	• 0	
 -	City, State and Zip		
6. Such change(s) is/are effective when fi		Ilue-Add Fund Manager, LLC,	
Signature of General Partner		GP II, LLC, General Partner	
I hereby accept the appointment as registe comply with the pravisions of all statutes t and I am familiar with an accept the oblig	elative to the proper and complete per	rformance of my duties,	
Bin Include	Brian Radecki, Asst. Sed	cretary on behalf	
Signature of Registered Agent	of Capitol Corporate Ser	vices, Inc.	
Filing Fee: \$35.0			
Certified Copy (optional): \$52.5			

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