Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000196985 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338

Fax Number

: (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

C	Address:			
CINALL	MOULESS.			

REGISTERED AGENT CHANGE GENROCK CAPITAL MANAGEMENT, LP

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$87.50

Electronic Filing Menu

Corporate Filing Menu

Help SULKER

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.

	Name of Limited Partnership or Lim	ited Liability Limited Partnership			
02/28/201	9	3. <u>B19000000050</u>			
-	iling/registration in Florida	Florida document number			
4. The name of th Department of Sta		office address as shown on the records of the Flo			
	Matthew Ailey				
	Nam	e			
	231 Royal Palm Way, Ste 302				
	Addro				
	Palm Beach, FL 3348				
	City, State	and Zip			
5. The name and	Florida street address of the new regis	tered agent and/or office:			
	Matthew Ailey	:			
	Nam	e			
	Matthew Ailey Name 214 Brazilian Avenue, Suite 101 Florida street address (P.O. Box not acceptable) Palm Beach Palm Beach				
	Florida street address (P.C). Box not acceptable)			
	Palm Beach	FL 33480			
	City, State				
6. Such change(s) is/are effective when filed by the Flo	rida Department of State.			
/s/ Matthew /	Ailey				
Signature of Gene Matthew Adey, N I hereby accept the comply with the p	eral Partner Janaging Member of the General Partie appointment as registered agent and	Lagree to act in this capacity. I further agree to proper and complete performance of my duties			
/s/ Matthew					
	stered Agent				

Certified Copy (optional): \$52.50