

6/28/2021

Division of Corporations

B190000050

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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.\*\***

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**REGISTERED AGENT CHANGE  
GENROCK CAPITAL MANAGEMENT, LP**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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JUN 29 2021  
S. PRATHER

**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. GENROCK CAPITAL MANAGEMENT, L.P.  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 02/28/2019 3. B19000000050  
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.

AILEY, MATTHEW  
Name  
214 Brazilian Avenue Suite 212  
Address  
PALM BEACH, FL 33480  
City, State and Zip

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

CT Corporation System  
Name  
1200 South Pine Island Road  
Florida street address (P.O. Box not acceptable)  
Plantation, FL 33324  
City, State and Zip

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

[Signature]  
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.*

CT Corporation System [Signature] Sandra Zwijack, Asst. Secretary  
Signature of Registered Agent

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

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