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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : REGISTERED AGENT SOLUTIONS INC Account Number : I20100000062 : (888)705-7274

Fax Number : (888)706-7274

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

Email	Address:				

REGISTERED AGENT CHANGE INNVENTUS FUND I, L.P.

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A. LUNT

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COVER LETTER

TO:	Registration Section Division of Corporations		
CI ID I	ECT: INNVENTUS FUND I, L.P.		
SUDJ	Name of Limited Partnersh	ip or Limited Liabilii	y Limited Partnership
DOC	UMENT NUMBER: B19000000250		
	nclosed Statement of Change of Reg are submitted for filing.	istered Office and	Vor Registered Agent and
Please	return all correspondence concernir	ng this matter to:	
Mary (Castilto		
	Contact Person		•
Registe	ered Agent Solutions, Inc.		
	Firm/Company		•
Согрот	rate Center One, 5301 Southwest Parkway, !	Suite 400	
	Address		•
Austin	, Texas 78735		
	City, State and Zip Code		
Е	-mail address: (to be used for future annual	report notification)	
For fu	rther information concerning this ma	atter, please call:	
Mary (Castillo	at (705-7274
	Name of Contact Person	Area Code an	d Daytime Telephone Number
Enclo	sed is a \$35.00 check made payable	to the Florida Dep	partment of State.
Maili	ng Address:	Street .	Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

, INNVENTUS FUND I, L.P.

Certified Copy (optional): \$52.50

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.	,		
Na	me of Limited Partnership or Lir	nited Liability Limited Partnership	_
2 10/01/2019		3. B19000000250	
Date of filing	g/registration in Florida	Florida document number	
4. The name of the re Department of State:	egistered agent and the registered	office address as shown on the records of the Flori	da
	CORPORATION SE	RVICE COMPANY	
	Na	me	
	1201 HAYS STREE	Т	ANC 2202
	Add	ress	JAI
	TALLAHASSEE, FI	_ 32301	_
	City, State	e and Zip	_
5. The name and Flor	rida street address of the new reg	istered agent and/or office:	AM (U: 17
	Registered Agent Sol	utions, Inc.	
	Na	me	_
	155 Office Plaza Dr.,	Suite A	
	Fiorida street address (P	O. Box not acceptable)	
	Tallahassee	_{FL} 32301	
	City, State		
6. Such change(s) is/	are effective when filed by the F	lorida Department of State.	
-	-	·	
Neal Renue Signature of General	Partner		
comply with the provi		id agree to act in this capacity. I further agree to e proper and complete performance of my duties, position as registered agent.	
Hockarzutt	Mackenzie Hart		
Signature of Register	ed Agent Assistant Secretary		
Filing Fee:	\$35.00		