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Office Use Only



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Rec'd 4-28-21

2021 APR 28 PN 1:49

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808 .

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: April 23, 2021

Order#: 774946-039

Re: PARTICIPANT CAPITAL US GROWTH FUND, LP

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$\$35.00.

Please take the following action:

XX ___ File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Meghan Groom c/o Corporation Service Company 251 Little Falls Drive

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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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.

	Name of Limited Partnership or Li	mited Liability Limited Partnershi	p	
2. 11/12/2019		3 B19000000279		
Date of	of filing/registration in Florida Florida docu		nt number	
4. The name of the Department of St	he registered agent and the registered ate:	d office address as shown on the re	cords of the Florida	
	MOISES, SERGIO			
	Na	ame		
	1010 N.E. 2ND AVENUE			
	Ado	iress		
	MIAMI, FL 33132		202	
	City, Stat	te and Zip		
5. The name and	Florida street address of the new reg	gistered agent and/or office:	AFR 28	
	Corporation Service Compa	ny	Ξ'' α	
	Name		1 3	
	1201 Hays Street			
	Florida street address (F	P.O. Box not acceptable)	Ý,, Ť	
	Tallahassee	FL ³²³⁰¹		
	City, Stat	e and Zip		
Signature of Gene I hereby accept the comply with the p	ne appointment as registered agent a rovisions of all statutes relative to the with an accept the obligations of my	Jill Cilmi, Authorized Person on I Capital US Growth Partner, LLC, and agree to act in this capacity. If the proper and complete performance	., General Partner. further agree to we of my duties.	

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50