Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048

Phone : (800)345-4647

Fax Number : (800)432-3622

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

| | Address | | | |
|-------|---------|--|--|--|
| FM311 | DOOFPEE | | | |

REGISTERED AGENT CHANGE THIRD LAKE PE CONSUMER FINANCE FUND I, LP

| Certificate of Status | 0 |
|-----------------------|---------|
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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.

| I THIRD LAKE PE CO | NSUMER F | NANCE FUND I, LP | |
|--|-------------------------|--|---------------------------------------|
| Name of Limit | ed Partnership or Lir | nited Liability Limited Partnership | |
| 2.2/26/2021 | 3.B21000000071 | 2100000071 Florida document mumber | |
| Date of filing/registration | Florida document | | |
| 4. The name of the registered age Department of State; | nt and the registered | office address as shown on the reco | rds of the Florida |
| FORSYT | HE, ROBERT | | |
| | Na | nie | |
| 1600 E 8 | th Avenue, Suite | A132-A | |
| | Add | | |
| TAMPA, | FL 33605 | | |
| | | e and Zip | |
| 5. The name and Florida street ad | dress of the new reg | istered agent and/or office: | · · · · · · · · · · · · · · · · · · · |
| Capitol C | orporate Service | es, Inc. | |
| | Na | me | - |
| 515 East | Park Avenue 2r | nd FI | <u>ن</u> - رئ |
| | | O. Box not acceptable) | i ⊙3 — |
| Tallahas | see | FL_32301 | |
| | City, Stat | e and Zip | 75 |
| 6. Such change(s) is/are effective | when filed by the F | lorida Department of State. | |
| Signature of General Partner | | | |
| I hereby accept the appointment comply with the provisions of all and I am familiar with an accept | statutes relative to th | nd agree to act in this capacity. I fu e proper and complete performance position as registered agent. | rther agree to of my duties, |
| Bin Brokerti | Bri | an Radecki, Asst. Secretary o | on behalf |
| Signature of Registered Agent | of (| Capitol Corporate Services, In | 1C. |
| Filing Fee: | \$35,00 | | |
| Certified Copy (optional): | \$52.50 | | |
| (| ((H23000069 | 874 3))) | |