

B22 0000000 102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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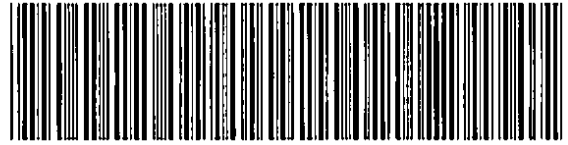
(Business Entity Name)

(Document Number)

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FILE 2NI

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 165466 4807453

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 35.00

ORDER DATE : November 30, 2022

ORDER TIME : 10:37 AM

ORDER NO. : 165466-015

CUSTOMER NO: 4807453

CHANGE OF AGENT

NAME: DIVISADERO STREET CAPITAL
MANAGEMENT, LP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS: _____

**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. Divisadero Street Capital Management, LP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 03/03/2022 3. B22000000102
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:

William Zolezzi
Name
444 Brickell Avenue, Suite 710
Address
Miami, FL 33131
City, State and Zip

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

William Zolezzi
Name
3350 Virginia Street, 2nd Floor
Florida street address (P.O. Box not acceptable)
Miami FL 33133
City, State and Zip

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

William Zolezzi William Zolezzi, Manager of Divisadero Street Capital, LLC, General Partner
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.

William Zolezzi
Signature of Registered Agent

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

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