200000123

(Requestor's Name)				
(Address)				
(Add)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dusiness Littly Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 05/07/2024	_		₩WALK IN
ENTITY NAME PROT	AGONIST SPV I LP		
DOCUMENT NUMBER	<u> </u>	<u> </u>	
	PLEASE FILE THE AT	TACHED AND RETURN	200) 35
xxxxxxxx	Plain Copy		STATE OF THE STATE
	Certified Copy		7 P.1
	Certificate of Status		PH 2:
			7 7 9
	PLEASE OBTAIN THE FOLLO	WING FOR THE ABOVE ENTIT	74
	Certified Copy of Arts & A	Amendments	
	Certificate of Good Standing		
	APOSTILLE' / NOTA	ARIAL CERTIFICATION	·
COUNTRY OF DESTINA	ATION		
NUMBER OF CERTIFIC	PATES REQUESTED		
TOTAL OWED \$35		ACCOUNT #: I2016	60000072
		S. 8 F/	16
Please call Tina at	the above number for any	-	
			

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: PROTAGONIST SP	VILP		
		bility Limited Partnership	_
DOCUMENT NUMBER: B2300000	0185	····	
The enclosed Statement of Change of R fee(s) are submitted for filing.	egistered Office	and/or Registered Agent an	ıd
Please return all correspondence concer	ning this matter t	o:	
George Bousis			
Contact Person		- 1 - 1	
PROTAGONIST SPV I LP			r-3
Firm/Company		— ————————————————————————————————————	17.0
9961 E. BROADVIEW DRIVE			
Address			1
BAY HARBOR ISLANDS, FL 3	3324		7 PR
City, State and Zip Code			r. Ila. r.
support@singlefile.io		11.	57.52
E-mail address: (to be used for future annu	al report notification	<u>n) </u>	# C
For further information concerning this	matter, please ca	11:	
SingleFile Technologies	at (800	₎ 391-9869	
Name of Contact Person		e and Daytime Telephone Numb	er
Enclosed is a \$35.00 check made payab		·	
STREET ADDRESS:	MA	ILING ADDRESS:	

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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.

· ·	NIST SPV I LP				
Name of Limited Partnership or Limited Liability Limited Partnership					
2.06/06/2023		3.B2300000185			
Date of filing	/registration in Florida	Florida document number			
4. The name of the re Department of State:	gistered agent and the registered	office address as shown on the records of the Florid			
	C T CORPORATION	SYSTEM			
	Name				
	1200 SOUTH PINE	SLAND ROAD			
	Add	ess			
	3324				
	City, State	and Zip			
5. The name and Flor	rida street address of the new reg	stered agent and/or office:			
	Registered Agents Ir	ıc			
Name					
7901 4th St N STE 300					
Florida street address (P.O. Box not acceptable)					
	St. Petersburg	_{FL} 33702			
	City, State				
		orida Department of State.			
comply with the provi- and I am familiar with	sions of all statutes relative to th h an accept the obligations of my David Roberts, Asst. Secreta				
· •	-				

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50