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(1)

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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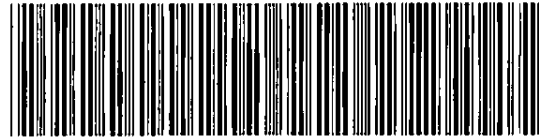
(Business Entity Name)

(Document Number)

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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.

1. CYGNET FUND 2024, LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 01/22/2024 3. B24000000018
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:

LEGALINC CORPORATE SERVICES INC.
Name
476 RIVERSIDE AVE
Address
JACKSONVILLE, FL 32202
City, State and Zip

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

CCS GLOBAL SOLUTIONS, INC.
Name
155 OFFICE PLAZA DRIVE, 1ST FLOOR
Florida street address (P.O. Box not acceptable)
TALLAHASSEE FL 32301
City, State and Zip

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

/s/ Lucas Juery
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.

/s/ Joanne Caswell Assistant Secretary
Signature of Registered Agent

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

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