B2400000016

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| (5.7) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| · |
| Certified Copies Certificates of Status |
| Certified copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only

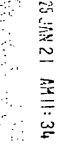


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LP RAERO Change



Haras



RESELVED

CSC - Tallahassee
CSC 1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com

Ext: x61563 Date: 01/21/25 Order #: 1774590-4

Re: ROE INVESTMENT MANAGEMENT CAPITAL PARTNERS, LP

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$35.0 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Shauna Godbolt c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

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

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. ROE INVESTMENT MANAGEMENT CA | | |
|--|---|--------------|
| Name of Limited Partnership | or Limited Liability Limited Partnership | |
| 2. 06/25/2024 | 3. B24000000216 | |
| Date of filing/registration in Florida | Florida document number | |
| 4. The name of the registered agent and the registered agent age | gistered office address as shown on the records of the Florida | |
| COGENCY GLOBAL II | INC. | |
| | Name | |
| 115 N. CALHOUN ST. | ., STE. 4 | |
| | Address | |
| TALLAHASSEE, FL 32 | 2301 | |
| City | y, State and Zip |) |
| 5. The name and Florida street address of the ne | ew registered agent and/or office: | 51 BH 10: 58 |
| Corporation Service Co | ompany | Ö. |
| | Name | 8 |
| 1201 Hays Street | | |
| Florida street addr | ress (P.O. Box not acceptable) | |
| Tallahassee | FL ³²³⁰¹ | |
| City | y, State and Zip | |
| 6. Such change(s) is/are effective when filed by | y the Florida Department of State. | |
| /s/ Jose Luis Garcia on behalf of ROE | Authorized Person INVESTMENT MANAGEMENT CAPITAL PARTNERS (GP | j, LLC |
| Signature of General Partner General Partner | | |
| | igent and agree to act in this capacity. I further agree to we to the proper and complete performance of my duties, s of my position as registered agent. | |
| Signature of Registered Agent | Grace E. Kirby, Asst Vice President | |
| | | |
| Filing Fee: \$35.00 | | |

COA-17260

Certified Copy (optional): \$52.50