

11/13/24, 9:40 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

B2400000330

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

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

Email Address: _____

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FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

STATE
TALLAHASSEE, FL

2024 NOV 13 PM 3:57

FILED

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION
PROTAGONIST TEN SPV I LP

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$105.00

M. SOLOMON

NOV 14 2024

Electronic Filing Menu

Corporate Filing Menu

Help

AMENDMENT TO CERTIFICATE OF AUTHORITY
FOR
FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:

Protagonist TEN SPV I LP

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: 824000000330

2. The jurisdiction of its formation is: Delaware

3. The date the entity was authorized to transact business in Florida is: November 7, 2024

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

Corner Protagonist TEN SPV I LP

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or L.L.L.P.

(If name unavailable in Florida, enter alternate name adopted for the purpose of transacting business in Florida.)

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

☐ Add
☐ Remove
☐ Change

☐ Add
☐ Remove
☐ Change

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FLORIDA

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

☐ The entity elects to be a limited liability limited partnership.

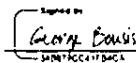
☐ The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

10. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature of a general partner:



George Bousis

Typed or printed name:

George Bousis, Manager of the General Partner

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

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Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'PROTAGONIST TEN SPV I
LP', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO
'CORNER PROTAGONIST TEN SPV I LP' ON THE SIXTH DAY OF NOVEMBER,
A.D. 2024, AT 8:26 O'CLOCK A.M.



5716611 8320
SR# 20244177205

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read 'JB', is written over a horizontal line. Below the line, the text 'Jeffrey W. Bullock, Secretary of State' is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204842533
Date: 11-11-24