200/	2 UNIFURM BUS	ME22 KEDO	MI (L)BK)		ŕ	ì			
DOCUMENT # L0000002421 1. Entity Name					FILED					
C/MAX CAPITAL (ENTENTE INVESTMENT GP) - IV, LLC					02 MAY 13 PM 1: 40					
Principal Place 2950 S.W. 277 STE 110 MIAMI FL 331:		Mailing Address 2950 S.W. 27TH AVE STE 110 MIAMI FL 33133			SECRETARY OF STATE TALLAHASSEE. FLORIDA					
Principal Place of Business 515 E. Las Olas Blvd. Suite, Apt. #, etc.		3. Mailing Address								
Suite: 1020		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State Ft. Lauderdale, FL		City & State			4. FEI Number APPLIED FOR Applied For Not Applicable					
Zip 33301		Zip	Country		5. Certifi	cate of Status De	sired 🗌	\$5.00 Add	ditional d	
	6. Name and Address of Current F	legistered Agent	Na Na	ame		end Address of	New Registere	d Agent		
WATSON, MARC					VATSON, MARC M.					
	O S.W. 27TH AVENUE, STE 110		515 E.			P.O. Box Number is Not Acceptable) Las Olas Blvd.				
MIA	MI FL 33133		Suite:							
			Ci	^y Ft. La	uderd	dale	F	L 3330	e I	
8. The above	named entity submits this statement for	the purpose of changing its	registered of	fice or register	ed agent, o	r both, in the State	e of Florida.			
SIGNATURE .	M M W	nd title if applicable. (NOTE	: Registered Agen	t signature required	when reinstatin	g)	DATE			
<u> </u>		Make Check Pa	W!!! FEE yable to De By May 1	partment o	f State					
9.	MANAGING MEMBEF		10.	MOD		ADDIT	IONS/CHANGE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WATSON, MARC M 2950 SW 27 AVE. #110	☐ Delete	NAME STREET ADD	RESS 515	SON, E. L	MARC M. as Olas	Blvd.,	⊠ Change Ste: 1	□ Addition	
TITLE	MIAMI FL 33133 MGRM	☐ Delete	TITLE	Ft. MGR	_Laud M	erdale,	FL 3330	01	Addition	
NAME STREET ADDRESS	WATSON, KEVIN M 2950 SW 27 AVE, #110	□ Delete	NAME STREET ADD	WAT	SON,	KEVIN M. as Olas		- , •	Addition	
CITY-ST-ZIP	MIAMI FL 33133		CITY-ST-ZI	Ft.	Laud	erdale,	FL 3330)1	020	
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CITY-ST-ZIP			CITY-ST-ZI	·					ļ	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME	prec				☐ Change	☐ Addition	
CITY-ST-ZIP			STREET ADD	,						
maicalea	ertify that the information supplied with t on this report is true and accurate and the oility company or the receiver or trustee	nat miv signature shall nave tr	ne same leda	i effect as it mi	ade under d	oath: that I am a r	utes. I further ce nanaging memb	ertify that the in per or manager	formation of the	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Designing Phone #