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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: June 21, 2021

Order#: 872194/035

Re: ESG KULLEN PARTNERS I, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

 \overline{XX} Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

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

INCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

	c/o ESG Kullen, LLC 675 Third Avenue	(b) GO EO C	G Kullen, LLC 675 Third Avenue	
?. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Suite 1810		Suite 18	310	
	New York, NY 10017		New Yo	rk, NY 10017	
	09/09/2014		L1400014	40630	
3 .	Date of filing/registration in Florida	4.		Document number	
5. (a) (b)	C T Corporation System				
	Registered Agent and Registered Office shown on the records	of the Florid	la Dept. of St	ate:	
	1200 SOUTH PINE ISLAND ROAD			(2. 8)	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			E PL 2021 JUN 23 SECRETARY	
	PLANTATION	33324 FL			
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			- 200 00 00 00 00 00 00 00 00 00 00 00 00	
	Corporation Service Company				
	NEW Registered Office Address:		.==	<u> </u>	
	1201 Hays Street			_	
	Tallahassee	32301 FL			
hange igent v was/we	imited liability company is not organized under the least or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the control of the	he register liability c s of the lir	ed office a ompany, it nited liabil	ind the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	
	/s/ Beata Truskolask Beata			ata Truskolask, Authorized Person	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
I herei provisi he obl	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provid ely reflect a change in the registered office address,	gree to ac te perform ded for in I hereby c	t in this ca lance of my Chapter 60 confirm tha	pacity. I further agree to comply with the v duties, and I am familiar with and accep 15, F.S. Or, if this document is being filea at the limited liability company has been	
o meri iotified	d in writing of this change.				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00