## LITECCOC 2723

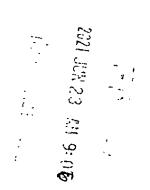
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C Kinsey



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#: 872194/015

Re: CROSSWYNDE PARTNERS LLC

Enclosed please find:

XX Change of Registered Agent and Office.

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.

1. 1	Name of the limited liability company: CROSSWYN	DE PARTNI	IERS LLC	
2. (a	c/o ESG Kullen, LLC 675 Third Avenue	(b	c/o ESG Kullen, LLC 675 Third Avenue	
2. (0	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0.	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	Suite 1810		Suite 1810	
	New York, NY 10017		New York, NY 10017	
	01/05/2017	ļ	L17000002723	
3.	Date of filing/registration in Florida	4.	Document number	
5. (	C T Corporation System			
J. (	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
	1200 SOUTH PINE ISLAND ROAD			
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS	<u> </u>	
			<u>2021 . 107 2 2 3 </u>	
	PLANTATION	FL_33324	· 1X1	
	,	r L	• •	
(t	o)			
	Enter name of NEW Registered Agent and/or NEW Registe	red Office add	ddress:	
	Corporation Service Company		<u>ँ,</u>	
	NEW Registered Office Address:			
	1201 Hays Street	<u>-</u>		
	Tallahassee	g, 32301		
		FL		
chan agen was/	e limited liability company is not organized under the ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member tricles of organization or the operating agreement of the street of the st	the registere Hiability corrs of the limi	ed office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in	
	/S/ Beata Truskolask	Beat	ata Truskolask, Authorized Person	
_	nature of a member or authorized representative of a member		Printed or typed name of signee	
provi the o to me	reby accept the appointment as registered agent and a isions of all statutes relative to the proper and comple bligations of my position as registered agent as provi crely reflect a change in the registered office address, red in writing of this change.	agree to act ete performa ded for in C I hereby co	t in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and acce Chapter 605, F.S. Or, if this document is being file onfirm that the limited liability company has been	
	Droce L-Knot,			
Signa Grace	ture of Registered Agent E. Kirby, Asst. Vice President of Corporation Service Company			

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