119000159070

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Carinas Cara Mana)				
(Business Entity Name)				
(Document Number)				
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2021 APR 16 6/11/15

RA Change



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866,625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date: 04/16	6/2021	
Name: M		<u></u>
Reference #:	1315084	_ _
Entity Name:	CRES	TVIEW II GP LLC
_	corporation/Authorizat	on to Transact Business
☐ Amendment		
✓ Change of A		2021 APR 16 AM 11: 21 SECRETARY OF STATE TALLATIASSEE, FL
Reinstateme	nt	ARETA ARETA
☐ Conversion		88 6 A
Merger Merger		
☐ Dissolution/V	Vithdrawal	구함 21
☐ Fictitious Na	me	
Other		
Authorized Amount	\$25	
Signature:	mw	

'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. Na	ame of the limited liability company:CRES	TVIEW II GP LLC			
2. (a)		(b)			
	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	any:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	No Change	No	Change		
	June 25, 2019		L19000159070		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	BCRA, LLC				
(Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	1905 NW CORPORATE BLVD, STE 310				
	Registered Office Address (MUST BE FLORIDA S	TREET ADDRESS)			
			202		
	BOCA RATON	FL_33431	FILED 2021 APR 16 AH II: 21 SECRETARY OF STAT TALLAHAS SEE FIL		
(b)	COGENCY GLOBAL INC.				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Re</u>				
	115 North Calhoun St., Suite 4		1: 21		
	NEW Registered Office Address:	-			
	Tallahaanaa	22201			
	Tallahassee	_{, FL} 32301			

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/S/ Sydne Garchik

Sydne Garchik

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

/S/ Tim Mayville

Signature of Registered Agent

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