Division of Corporations

## Florida Department of State

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Division of Corporations

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Account Name : C I CORPORATION SYSTEM

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## LLC REGISTERED AGENT CHANGE BW BOWLING PROPERTIES GENPAR LLC

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY | 1

2022-09-23 09:39:51 CST

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.

. Na	me of the limited liability company:	operties Genpar LLC
	c/o The Carlyle Group	(b) e/o The Carlyle Group
· (**)	Principal office address of limited liability company ( <u>Note: MUST BE STREET ADDRESS</u> )	Mailing address of limited hability company (Note: MAY BE POST OFFICE BOX)
	One Vanderbilt Avenue, Suite 3400	One Vanderbilt Avenue, Suite 3400
	New York, New York 10017	New York, New York 10017
	09/12/2014	M1400006580
3.	Date of filing/registration in Florida	4. Document number
. (a)	Corportion Service Company	
	Registered Agent and Registered Office shown on the records of 1201 Hays Street	f the Florida Dept. of State
	Registered Office Address (MUST BE FLORIDA STREET	SS 202
	Tallahassee F	2022 SEP 23 SECUL ARY TALLARY TALLARY TALLARY TALLARY
(0)	C.T Corporation System	ASSET
	Enter name of NEW Registered Agent and/or NEW Registere	od Office address:
	1200 South Pine Island Road	
	NEW Registered Office Address	<b>9</b>
	Plantation	L 33324
:hange igent v vas:we	mited liability company is not organized under the la or changes are made, the Florida street address of th full be identical. Or, in the case of a Florida limited I	aws of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered lability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in
Pavid !	। <del>प</del>	David Lobe, Authorized Person
	ure of a member or authorized representative of a member	Printed or typed name of signee
provist he obl. o merc totifica	ons of all standes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. It is writing of this change.	gree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accepted for in Chapter 605, F.S. Or, if this document is being file hereby confirm that the limited liability company has been
	Corporation by Kaity Toon, Asst Sec	) Al Jour