M1500006160

(Requestor's Name)								
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PICK-UP WAIT MAIL								
(Business Entity Name)								
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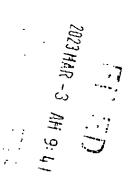


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ALLAHASSEE, PLC

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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 520731 8400440
AUTHORIZATION Spelle man
COST LIMIT : \$ 35.00
ORDER DATE : February 23, 2023
ORDER TIME : 9:06 AM
ORDER NO. : 520731-062
CUSTOMER NO: 8400440
CHANGE OF AGENT
NAME: ANTARES CAPITAL GP, LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Eyliena Baker EXAMINER'S INITIALS:

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: ANTARES C	APITAL G	P, LLC				
2. (a	500 West Monroe Street	ı	(b) 500 We	st Monroe Street			
2. (a	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of (Note: MAY BE		-	
	Suite 1700		Suite 17	00			
	Chicago, IL 60661		Chicago	, IL 60661			
	08/05/2015		M150000	06160			
3.	Date of filing/registration in Florida	4.		Document num	iber		
5. (a	C T CORPORATION SYSTEM						
٥. رو	Registered Agent and Registered Office shown on the records	s of the Flori	la Dept. of Sta	ite:			
	1200 SOUTH PINE ISLAND ROAD						
	Registered Office Address (MUST BE FLORIDA STREET	ET ADDRES	<u>(S)</u>	_			
	PLANTATION	FL 33324		_		207	
		rı			•	2023 HAR	المسا
(b)				•		e 8 • • • • • •
(-	Enter name of NEW Registered Agent and/or NEW Registe	red Office a	ddress:			ပ်	. 5
	Corporation Service Company				· 1	6 ну	5
	NEW Registered Office Address:				:	1 i6	
	1201 Hays Street			<u></u>	• •		
	Tallahassee	FL_32301					
chang agent was/v	elimited 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 rticles of organization or the operating agreement of the street in the case of the member rticles.	the registe I liability c rs of the li	red office ar ompany, it nited liabili	nd the business of is hereby confirm ty company or as	ffice of the	ne regis he chan	tered ge(s)
				orized Representative			
Sign	nature of a member or authorized representative of a member			Printed or typed n	ame of sign	iee	
provi the or to me notifi	reby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my position as registered agent as provincely reflect a change in the registered office address, ed in writing of this change.	agree to ac ele perforn ided for in I hereby c	t in this cap amce of my Chapter 60. confirm that	pacity. I further of duties, and I am 5, F.S. Or, if this the limited liabil	igree to c familiar (docume) lity compo	romply with an ut is be, any has	with the id accept ing filed : been

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

INHS18 (2/14)

Grace E. Kirby, Asst. Vice President