

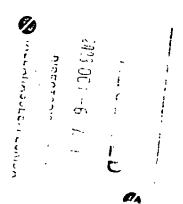
	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	10/06/2023				
Name:		_			
Reference #	2117094	_			
Entity Name	CRESCENT	CAPITAL GP LLC			
☐ Articl	les of Incorporation/Authorization	to Transact Business			
Ame	ndment				
✓ Change of Agent					
Reinstatement					
Conversion					
☐ Merger					
☐ Dissolution/Withdrawal					
☐ Fictitious Name					
☐ Othe	ır				
Authorized /	Amount: \$25.00				
Signature:	Ch let				



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Account#: I20000000088

Date:	10/06/2023					
	CHRIS	-				
Reference	e #: 2117094	-				
Entity Na	me: CRESCENT	CAPITAL GP LLC				
☐ Art	ticles of Incorporation/Authorization nendment nange of Agent einstatement					
☐ Co	onversion					
<u></u> M∈	☐ Merger					
Dis	☐ Dissolution/Withdrawal					
☐ Fid	ctitious Name					
Ot	her					
Authorize Signature	ed Amount: \$25.00					

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.

L. Na	me of the limited liability company:CRESC	ENT CAP	ITAL GP LLC
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change	No C	Change
	February 5, 2016		M16000000992
i,	Date of filing/registration in Florida	4.	Document number
5. (a)	Corporation Service Company		
. (11)	Registered Agent and Registered Office shown on the records o	of the Florida Dept. of	l'State:
	1201 Hays Street		Sa Co
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	23 OC
	Tallahassee F	32301-2525	23 OCT -6 AM 9: 27
(b)	COGENCY GLOBAL INC.		17 000
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	ed Office address:	27
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		
	Tallahassee	32301	
he cha igent v vas/we	imited liability company is not organized under the lange or changes are made, the Florida street address will 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	aws of the State of the registered of liability company of the limited lia	office and the business office of the registered, it is hereby confirmed that the change(s) ibility company or as otherwise provided in
	eorge Hawley	George Ha	<u> </u>
-	ture of a member or authorized representative of a member		Printed or typed name of signee
rovisi he obl o mere	by accept the appointment as registered agent and ay ons of all statules relative to the proper and complet igations of my position as registered agent as provid by reflect a change in the registered office address, a I'm writing of this change.	gree to act in this te performance of led for in Chapter I hereby confirm	capacity. I further agree to comply with the finy duties, and I am familiar with and accept of 605, F.S. Or, if this document is being filed that the limited liability company has been
-	mothy Mayville		
Signatu	re of Registered Agent Timothy Mayville, Assistant	t Secretary	

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