Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 er : (855)330-1010 Phone Fax Number

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LLC REGISTERED AGENT CHANGE CENTREPARK VENTURE PARTNERS LLC

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Help

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

Parsuant 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.

Floria		ا داء	/onturo	Dortooro II.C		
1. N	ame of the limited liability company: Centrepa	uk '	zenture_	Partners LLC		
2. (a)						
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		λ	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	3500 Lenox Road Suite 1250		3500 Le	enox Road Suite 1250		
	Atlanta GA 30326		Atlanta GA 30326			
	06/26/18		M18000	006056		
3.	Date of filing/registration in Florida	4 .		Document number		
5. (a)	CORPORATION SERVICE COMPANY					
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of State:		18 m		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRE	<u>(SS)</u>	- 44 - 44		
(b)	1201 HAYS STREET			FIL 2021 DEC 10 SEUS HARY SELAHASSE		
	TALLAHASSEE , FI.	323	01-2525	FILED 10 PP SSEE, F		
	Northwest Registered Agent L		PH 1: 06			
	Enter name of NEW Registered Agent and/or NEW Registered	address:)))			
	7901 4th St N					
	NEW Registered Office Address:					
	STE 300					
	St. PetersburgFL	3370)2			
signa I here provisi the obito mere	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I in writing of this change.	the reability of the 1 limite M ree to a perfor d for iv	gistered office company, it is imited liability d liability com organ Noble act in this capa mance of my an Chapter 605.	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. Printed or typed name of signee acity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed		

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

TLOVETom Glover - Assistant Secretary

Signature of Registered Agent