## M18000011533

	(Requestor's Name)							
	(Address)							
	(Address)	·						
	(City/State/Zip/Phone #)							
PłCK-UP	WAIT	MAIL						
(Business Entity Name)								
(Document Number)								
Certified Copies	_ Certificates of	Status						
Special Instructions to	Filing Officer:							
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23 OCT -9 FH 40

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

ACCOUNT NO. : I20000000195  REFERENCE : 030865 8298441  AUTHORIZATION :  COST LIMIT : \$ 25.00  ORDER DATE : October 3, 2023									
ORDER TIME : 12:55 PM									
ORDER NO. : 030865-026									
CUSTOMER NO: 8298441									
COSTOMER NO. 8298441									
CHANGE OF AGENT									
NAME: SPARROW CAPITAL PARTNERS, 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.	Na	me of the limited liability company: SPARROW CA	PITAL P	AI	RTNERS, !	LLC 	···		
2. (	a)		()	b)					
		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		-,	N	Mailing address o (Note: MAY B	f limited liab	ility cor	opany:
		2500 Bee Caves Road, Bldg 1, Ste 380			2500 Bee	Caves Road,	Bldg 1, Ste	380	
		Austin, TX 78746		•	Austin, TX	( 78746			
		12/20/2018		ı	M1800001	1533			
3.		Date of filing/registration in Florida	- 4.	_		Document nui	nber	<del></del>	
5.	(a)								
	(4)	Registered Agent and Registered Office shown on the records of	the Florida	a ſ	Dept. of State	::			
		The Fowler Firm, P.A.							
		Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS	<u>S1</u>		:			
		111 N. Orange Avenue Suite 800							
		Orlando	32801						
		,\ .		_			ĪΑĭ	202	
(	b) _							2023 OCT	<del></del>
	(b) Enter name of NEW Registered Agent and/or NEW Registered				ffice address:				71
		Corporation Service Company					ALLAHASSEE, FLORIDA	-9 AM	
		NEW Registered Office Address:					<u> </u>	3	$\overline{\Box}$
		1201 Hays Street					ORID	9: 57	4
		Tallahassee	32301				D	7	
		, FL	·						
char agen was/	ige it w 'wei	mited liability company is not organized under the law or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of thes of organization or the operating agreement of the	registere ability co of the lim	ed om nite	office and pany, it is ed liability	the business of hereby confin- company or a	office of the	e regis e char	stered see(s)
		s/ HLL CILMI	JILL	_ (	CILMI, AUT	THORIZED PE	RSON		
		ire of a member or authorized representative of a member				Printed or typed	_		
I he prov the c to m notif	reb isio blig erel led	y accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I k in writing of this change.							with the id accept ing filed s been
		Chace Cokuby	GRA	Cl	E E KIRB'	Y. ASST. VIC	E PRESIE	DENT	
Sign	ature	of Registered Agent							