1119000010883

(Requestor's Name)								
(Address)								
(Addiess)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer.								

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2024 JT -2 AM 8: 37

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= 9/02/24

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 513971 7391888

AUTHORIZATION

COST LIMIT : (\$\frac{1}{25}.00

ORDER DATE: June 24, 2024

ORDER TIME : 3:48 PM

ORDER NO. : 513971-210

CUSTOMER NO: 7391888

CHANGE OF AGENT

NAME: CAPSOURCE VENTURE INVESTMENTS,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

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. N	ame of the limited liability company:	OAPSOURCE VENTURE INVESTMENTS, LLC							
2. (a)	3091 GOVERNORS LAK DRIVE SUIT	E 500 (b) 3091 G			OVERNORS LAK DRIVE SUITE 500				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) PEACHTREE CORNERS, GA 30071		`	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
				PEACHTREE CORNERS, GA 30071					
	11/04/2019			M190000	010883				
3.	Date of filing/registration in I	Florida	4.		Document n	number	_		
5. (a)	C T CORPORATION SYSTEM								
(**)	Registered Agent and Registered Office showr	on the records of	the Florid	a Dept. of Sta	 ate:				
	1200 SOUTH PINE ISLAND ROAD								
	Registered Office Address (MUST BE FL	ORIDA STREET	ADDRES	<u>s)</u>	<u> </u>				
	PLANTATION	, FI	33324			ا سب ا مرا است	76 10		
(b) <u>.</u>						ETARY OF			
	Enter name of NEW Registered Agent and/or	NEW Registered	Office ac	<u>ldress</u> :		255	AM		
	Corporation Service Company				— EE. FL				
	NEW Registered Office Address:					· IF 37			
	1201 Hays Street	-							
	Tallahassee	. FL	32301						
hange gent v vas/we he arti	imited liability company is not organize or changes are made, the Florida street will be identical. Or, in the case of a Florica authorized by an affirmative vote of cles of organization or the operating agony Maloney	t address of the orida limited lia Tthe members o	registerous distriction register of the lin limited l	ed office ar ompany, it : nited liabili	nd the busines is hereby conf ty company of mpany.	s office firmed th	of the	registered change(s)	
	Signature of a member or authorized representative of a member			Printed or typed name of signee					
l herei rovisi he obl mere	by accept the appointment as registered ons of all statutes relative to the proper igations of my position as registered agely reflect a change in the registered off in writing of this change.	l agent and agr	ee to act perform I for in C tereby co	in this cap ance of my Chapter 60, onfirm that	zacity I factla	or aaroo	to con	unh: with the	
Sionatu	re of Registered Agent								

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