

Florida Department of State Division of Corporations

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(((H22000251566 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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Email Address:

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LLC REGISTERED AGENT CHANGE **HUDSONCAP MANAGEMENT III, LLC**

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR (((H22000251566 3)))

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.	Name of the limited liability company: HudsonCAP Ma	anagement I	III, LLC	
2. (a			o)	
Ξ. γ.	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	
	400 Frank W Burr Boulevard, Suite 8		400 Frank W Burr Boulevard, Suite 8	
	Teaneck, NJ, US, 7666		Teaneck, NJ, US, 7666	
	03/18/2022		M22000004168	
3.	Date of filing/registration in Florida		Document number	
5. (a)			
Σ. (a)	of the Florida	Dept of State.	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	1200 SOUTH PINE ISLAND ROAD #250			
	PLANTATION	7L_33324		
(1			2022 JUL	
•	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office adj	idress	
	LEGALING CORPORATE SERVICES INC.		25 PM	
	NEW Registered Office Address			
5237 SUMMERLIN COMMONS BLVD, SUITE 400				
	FORT MYERS F	FL		
char agen was/ the a	e limited liability company is not organized under the lage 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 members articles of organization or the operating agreement of the	ic registere liability cor of the lim	ed office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in	
	Philip H. Maisner snature of a member or authorized representative of a member	Phili	lip H. Meisner	
			Printed or typed name of signee	
I he prov the o to m notif	reby accept the appointment as registered agent and as usions of all statutes relative to the proper and complet obligations of my position as registered agent as provide erely reflect a change in the registered office address, if the manufactured of this change.	gree to act le performa led for in C I hereby co	in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been	
Sign	Aughn Collection attitue of Registered Agent		(((H22000251566 3)))	