## W2200008975

(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
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A. BUTLER

JAN 3 0 2023

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 293832 8305494
REFERENCE: 293632 8305494  AUTHORIZATION CHARLES BLOWN  AUTHORIZATION CHAR
COST LIMIT : $0 \times 0$
ORDER DATE : December 28, 2022
ORDER TIME : 2:19 PM
ORDER NO. : 293652-001
CUSTOMER NO: 8305494
CHANGE OF AGENT
NAME: ONPEAK CAPITAL LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
XX PLAIN STAMPED COPY
CONTACT PERSON: Alexxis Weiland
FYAMINED'S INTELLS.

## 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:  ONPEAK CAP	ITAL LLC	; 				
2. (a)	1221 Brickell Avenue, Suite 900	(1	b)	1221 Brickell A	venue, Suite 90	0	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
			_	1221 Brickell Av	venue, Suite 900	)	
	Miami, FL 33131	<del></del>	-	Miami, FL 3313	1		
	06/09/2022		٨	M22000008975			
3.	Date of filing/registration in Florida	4.	_	Docu	ment number		
5. (a	Corporation Service Company						
.'. (a	Registered Agent and Registered Office shown on the records o	f the Florid	a D	Dept. of State:			
	1201 Hays Street						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES.	<u>S)</u>	<del></del>			
						<u>,</u> 107,	
	Tallahassee, F	L_32301	_			2023 JAH	• ••
(b)	Dennis Tsesarsky				į.	27	
•	Enter name of NEW Registered Agent and/or NEW Registere	d Office ac	<u>idr</u>	'ess:	; = 1	:6 H	NAMES Y
	1221 BRICKELL AVENUE					9: 01	الخفينة -
	NEW Registered Office Address:				,		
	SUITE 900						
	MIAMI	L_33131					
chang agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited beere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e register iability ed of the lin	ed om nite	office and the b pany, it is hereb ed liability comp	ousiness office or by confirmed that pany or as other	f the re it the c	egistered hange(s)
/S/DENNIS TSESARSKY			DENNIS TSESARSKY				
	iture of a member or authorized representative of a member				d or typed name of	•	
provis the ob to mei	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change	ree to act perform ed for in ( hereby co	t in and Chi onj	n this capacity. ce of my duties, apter 605, F.S. firm that the lim	I further agree t and I am famili Or, if this docu nited liability co	o comp ar with nent is npany	oly with the and accept being filed has been

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