Division of Corporations

Florida Department of State

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LLC REGISTERED AGENT CHANGE SUSO 5 NORTHLAKE GP LLC

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JUN 2 4 2025

K. Brumbley

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	iame of the limited liability company:	THEAKE GP LLC	
2. (a)	c/o Slate Asset Management, L.P., 121 King St W	(0)	ate Asset Management, L.P., 121 King St W
	Principal office address of limited liability company:		Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS) Suite 200	Suite:	(Note: MAY BE POST OFFICE BOX)
	Suite 200		
	Toronto M5H 3T9 CA	Тогоп	10 MSH 3T9 CA
	07/12/2022	M2200	9010789
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 record.	s of the Florida Dept, o	l'State;
	1201 HAYS STREET		
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)	
			. 20
	TALLAHASSEE	FL_32301-2825	
(b)	United Agent Group Inc.		2025 JUN 23
, -	Enter name of NEW Registered Agent and/or NEW Registe	ered Office address:	—— PH
	801 US Highway I		PH 1: 51
	NEW Registered Office Address:		
	Month Pulm Danah	22100	
	North Palm Beach	.FL	
chang agent was/v	limited liability company is not organized under the cor changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of	the registered offic d liability company rs of the limited lia	e and the business office of the registered , it is hereby confirmed that the change(s) bility company or as otherwise provided in
Aa	lia Myles	Adia Myles.	Attorney-in-Fact
Sign	ature of a hember or authorized representative of a member		Printed or typed name of signee
provis the ol to mes notific	eby accept the appointment as registered agent and sions of all statutes relative to the proper and complodigations of my position as registered agent as proverely reflect a change in the registered office addressed in writing of this change.	ete performance of ided för in Chapter	my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed
	lia Myles Adia Myles, Special Secretary		
Signat	ure of Registered Agent		