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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

* 25.4%	
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- XF	

Enter the email address for this business entity to be used for future ្តិធ្វីក្រាបal report mailings. Enter only one email address please.** ്ല്സ്വെ report mailings. Enter only one email addres പ്രധാന Email Address:

LLC REGISTERED AGENT CHANGE WILLOW TREE CREDIT PARTNERS GP, LLC

Certificate of Status	0
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M. SOLOMON

APR - 2 2024

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COVER LETTER

		C(77 121)				
	Registration Section Division of Corporations					
SUBJE	WILLOW TREE CREDIT PARTS	ERS GP, LLC				
(.01)		me of Limited	Liability Company			
Dear Sir	or Madam:					
The enc	losed Registered Agent/Registered Of	Tice Change a	nd fee(s) are submitted for filing.			
Please re	eturn all correspondence concerning t	his matter to t	he following:			
Anastasi	a Degroat					
	Name of Person					
Veorp A	gent Services, Inc.					
	Firm/Company					
25 Robe	rt Pitt Dr Ste 204					
	Address					
Monsey.	NY 10952					
	City/State and Zip Code					
filings@	veorpservices.com				21	
E	mail address: (to be used for future an	nual report no	stification)		2024 FPQ	
For furtl	her information concerning this matter	r, please call:			1	
Anastasi	a	845 at (425-0077		2 PH	<u>ار</u> ۱
	Name of Person		Area Code & Daytime Telephone No	umber	PH 2: 54	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	rii	54	
	Enclosed is a check for the followin	g amount:				
	☑ \$25 Filing Fee	0	\$55 Filing Fee & Certified Copy			
INHS18	(2/14)					

18886118813

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

I. Na	ame of the limited liability company: WILLOW TREE	E CREDIT	PARTNERS	S GP, LLC	
2. (a)		(1	o)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	;	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	450 PARK AVE., 29TH FLOOR		450 PARK	AVE., 29TH FLOOR	
	NEW YORK, NY 10022		NEW YOR	RK, NY 10022	
	10/14/2022		M22000016	5036	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
(a)	Registered Agent and Registered Office shown on the records of CORPORATION SERVICE COMPANY	f the Florid	a Dept. of State	ā.	
	Registered Office Address (MUST BE FLORIDA STREET) 1201 HAYS STREET	ADDRES.	27)	- で で ス ・・・ へ	, [
	TALLAHASSEE	32301-2	2525	- - -	
(b)	Enter name of NEW Registered Agent and/or NEW Registered				•
	Veorp Agent Services, Inc.				
	NEW Registered Office Address:			-	
	1200 South Pine Island Road			-	
	Plantation, F	33324 L		_	
the cha agent v was/we the arti	imited liability company is not organized under the launge or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited level authorized by an affirmative vote of the members icles of organization or the operating agreement of the last Sugard	iws of the of the regi iability co of the lin e limited	State of Flo stered office ompany, it is sited liability liability con	orida, it is hereby confirmed that after a and the business office of the registe is hereby confirmed that the change(s) by company or as otherwise provided in pany.	ered)
	ture of a member or authorized representative of a member	Mai	k Klingensm	Printed or typed name of signee	
I herei provisi the obl to merc notified	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I d'in writing of this change.	gce to ac e perform ed for in (hereby c	t in this cap ance of my Chapter 603 onfirm that	acity. I further agree to comply with	the cept Fled n
By: Ar Signatu	nthony Palazzo, Assistant Secretary re of Registered Agent				

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