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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **P: 866.625.0838 F: 866.625.0839** COGENCYGLOBAL.COM

Account#: I2000000088 If there are any issues please contact Patrice at 850-202-9071

Date: 03/07/2024

Name: Patrice Rush

Reference #: 2294391

## Entity Name: TRIVEST PARTNERS MANAGEMENT, LLC

Articles of Incorporation/Authorization to Transact Business

Amendment

$\checkmark$	Change	of	Agent
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Dissolution/Withdrawal

Fictitious Name

Other\_\_\_\_

Authorized Amount	\$25.00
	OM
Signature:	Futo

 CORPORATE HQ COGENCY GLOBAL INC. 10 E 40<sup>m</sup> ST, 10<sup>m</sup> FL NY, NY 10016 D: +1.212.947.7200 P: 800.221.0102 F: 800.944.6607 EUROPEAN HQ COGENCY GLOBAL (UK) LIMITED REGISTERED IN ENCLAND 5 WALES, REGISTER 48010712 6 LLOYDS AVE, UNIT 4CL LONDON EC3N 3AX +44 (0)20.3961.3080 ASIA PACIFIC HQ COGENCY GLOBAL (HK) LIMITED A HONG KONG UNITED COMPANY UNIT B, JF, LIPPO LEIGHTON TOWER 103 LEIGHTON RD, CAUSEWAY BAY HONG KONG P: +852.2682.9633 F: +852.2682.9790

## 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.

I. Na	ame of the limited liability company:	RIVESI		TINER	<u>S MANAGEMEN</u>	
2. (a)	2811 Ponce de Leon Blvd, Suite 40	0	(b	) 2811 Poi	nce de Leon Blvd, Suite	e 400
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			company:
	Coral Gables, FL 33134		_	Coral Ga	bles, FL 33134	
	November 8, 2022		_		ー コン 00 00 170 5 6 84-3317150	
3.	Date of filing/registration in Flori	da	4.		Document number	
5. (a)	CALDERON, MICHELSA					
J. (a)						
J. (a)	Registered Agent and Registered Office shown on the	he records of th	ne Florida	Dept, of State:		
J. (a)	Registered Agent and Registered Office shown on the 550 S. DIXIE HWY #300	he records of th	ie Florida	i Dept, of State:		
J. (d)						
J. (a)	550 S. DIXIE HWY #300					
3. (a)	550 S. DIXIE HWY #300	DA STREET A		<u>v</u>	2024 T	T
.,	550 S. DIXIE HWY #300 Registered Office Address (MUST BE FLORID	DA STREET A	DDRESS	<u>v</u>	2024 T	
(b)	550 S. DIXIE HWY #300 Registered Office Address (MUST BE FLORID CORAL GABLES	DA STREET A	<u>DDRESS</u> 33146	2 	2024 T	
.,	550 S. DIXIE HVVY #300 Registered Office Address (MUST BE FLORID CORAL GABLES COGENCY GLOBAL INC.	DA STREET A	<u>DDRESS</u> 33146	2 	2024 T	FILED
.,	550 S. DIXIE HWY #300         Registered Office Address         (MUST BE FLORID         CORAL GABLES         COGENCY GLOBAL INC.         Enter name of NEW Registered Agent and/or NEW	DA STREET A	<u>DDRESS</u> 33146	2 	2024 HAR -7	FILED

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Michelsa Calderon

Michelsa Calderon

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

/s/ Tim Mayville

Signature of Registered Agent

Tim Mayville, Assistant Secretary

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