M24000008208

(Requestor's Name)					
(Address)					
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(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Chury Name)					
(Document Number)					
Certified Copies Certificates of Status					
·					
Special Instructions to Filing Officer:					

Office Use Only



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2025 JAN 21 PH 12: 25

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CSC - Tallahassee
CSC 1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda Miller@cscglobal.com

Ext: x62969 Date: 01/21/25 Order #: 1774590-6

Re: ROE INVESTMENT MANAGEMENT CAPITAL PARTNERS (GP), LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.00 - FL State Account Number: 120000000195

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Amanda Miller c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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. 1	Name of the limited liability company:ROE INVESTM	IENT MA	NAGEMEI	NT CAPITAL PARTNERS (GP), LLC	
2. (a)	(b)		
(Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)	`	(b)		
	1792 BELL TOWER LN.		1792 BE	ELL TOWER LN.	
	WESTON, FL 33326		WESTON, FL 33326		
	02/09/2024		M240000	01674	
3.	Date of filing/registration in Florida	— 4.		Document number	
5. (
<i>3</i> . (i	Registered Agent and Registered Office shown on the records of COGENCY GLOBAL INC.	the Florid	la Dept. of St	ate:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	· · · · · · · · · · · · · · · · · · ·	_	
	115 N. CALHOUN ST., STE. 4	<i>3117171</i> 111	<u>37</u>	2025 TĂLÎ	
	TALLAHASSEE, FI	32301		FILE	
				SSE 21	
(t	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
				PHIZ: 25	
	Corporation Service Company			>	
	NEW Registered Office Address:				
	1201 Hays Street			<u> </u>	
	Tallahassee FI	32301			
				_	
chan agen was/	: limited liability company is not organized under the la ge or changes are made, the Florida street address of the t will be identical. Or, in the case of a Florida limited li were authorized by an affirmative vote of the members of rticles of organization or the operating agreement of the	e register lability co of the lin	ed office a ompany, it nited liabil	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	
	/ Jose Luis Garcia	Jos	se Luis Ga	rcia, Authorized Person	
Sig	nature of a member or authorized representative of a member			Printed or typed name of signee	
provi the o to me	reby accept the appointment as registered agent and agisions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address. I led in writing of this change.	ree to ac perform d for in hereby c	t in this ca nance of my Chapter 60 confirm tha	pacity. I further agree to comply with the duties, and I am Jamiliar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been	
	s/ Grace E. Kirby	Kirby, Asst Vice President			
Sign	iture of Registered Agent				