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$T \wedge$	٠

Division of Corporations

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Account Number : I20160000048

Phone : (800)345-4647

Fax Number

: (800)432-3622

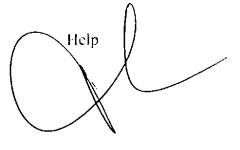
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C41	Address:			
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REGISTERED AGENT CHANGE THIRD LAKE OP RETURN STRATEGY FUND I, LP

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LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

ı. <u>THIRD LAKE C</u> Name o	OP RETURN S of Limited Partnership of	TRATEGY or Limited Liabil	FUND 1, LP ity Limited Partners	hip	
2 1/7/2021	,		B210000000		
	istration in Florida		Florida docur		
The name of the registor Department of State:	ered agent and the regis	stered office addr	ess as shown on the	records of the Florida	
FO	RSYTHE, ROBER	RT			
		Name			
160	00 E 8th Avenue, S	Suite A132-A			
		Address			11
TA	MPA, FL 33605	- 		<u> </u>	77
_	City	. State and Zip		<u>-</u>	Œ
5. The name and Florida	street address of the ne	w registered ager	nt and/or office:		UZ31EB Z4
Ca	pitol Corporate Se	rvices, Inc.		. Se	≥
		Name		<u>सिं</u>	AM OF TY
51:	5 East Park Avenu	ie 2nd Fl		五字	_
_	Florida street addre		acceptable)	F	4
Та	llahassee		FL 32301		
_	City	, State and Zip			
6. Such change(s) is/are e Signaline of Lieften Paru I hereby accept the appoin comply with the provision and I am familiar with an	ncr ntment as registered ag s of all statutes relative	ent and agree to to the proper an	act in this capacity. Id complete perforn	I further agree to ance of my duties,	
3 m Zarler			ki, Asst. Secreta	any on hehalf	
Signature of Registered A			orporate Service		
Filing Fee: Certified Copy (opti	\$35.00 onal): \$52.50	069870 3))			