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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
ICM (VII) CYPRESS 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.

1. ICM (VII) CYPRESS LP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/15/2014

Date of filing/registration in Florida

3. A14000000708

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State.

CT CORPORATION SYSTEM

Name

1200 SOUTH PINE ISLAND ROAD SUITE 250

Address

PLANTATION, FL 33324

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office

LEGALINC CORPORATE SERVICES INC.

Name

5237 SUMMERLIN COMMONS BLVDSTE 400

Florida street address (P.O. Box not acceptable)

FORT MYERS FL 33907

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Spencer Coupland

authorized person for GP, ICM (VII) FLORIDA MANAGEMENT LLC

Signature of General Partner

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.

Nancy Luna

Signature of Registered Agent

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Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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