

A15000000728

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.

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REGISTERED AGENT CHANGE ICM (VII) ATRIUM LP

Certificate of Status	0
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DIVISION OF CORPORATIONS

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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) ATRIUM LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 11/06/2015 3. A15000000728
Date of filing/registration in Florida 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.

WEBB, ANDREW
Name
220 CONGRESS PARK DRIVE SUITE 130
Address
DELRAY BEACH, FL 33445
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) ATRIUM 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

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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