



ACCOUNT NO. : 072100000032

REFERENCE :

262709

4332899

AUTHORIZATION

Patricia Parito

COST LIMIT : \$ 35.00

ORDER DATE: February 17, 1997

ORDER TIME: 9:36 AM

ORDER NO. : 262709-040

CUSTOMER NO:

4332899

CUSTOMER: Alycia J. Mellgren, Legal Asst

400002092144~-7

Icon Capital Corp. 600 Mamaroneck Avenue

Harrison, NY 10528-1632

CHANGE OF AGENT

NAME:

ICON CASH FLOW PARTNERS, L.P.,

SERIES C

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Debbie Skipper

FA Charry 2/27/97



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 19, 1997

RESUBMIT CSC - DEBBIE SKIPPER Please give original

TALLAHASSEE, FL

submission date as file date. SUBJECT: ICON CASH FLOW PARTNERS, L.P., SERIES C, LIMITED PARTNERSHIP

Ref. Number: A31756

We have received your document for ICON CASH FLOW PARTNERS, L.P., SERIES C, LIMITED PARTNERSHIP and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6906.

Letter Number: 097A00008910

Darlene Connell Corporate Specialist

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

Pursuant to the provisions of section partnership organized under the la following statement in order to characteristics.	ws of the state of _	DELAWARE	, subm	its the
1. ICON CASH FLOW PARTNER	S, L.P., SERIES Name of the limited	C , LIMITED P.	ARTNERSHIP	
2. 7/5/91 Date of filing/registration in Flor	3			
4. The name and address of the p		ent and office:	Document number assi	gnea
C T CORPORA	TION SYSTEM			
	ne Island Drive			97 SF(
Plantation,				多7 FEB 19 8FC() E () ()
5. The name and street address of acceptable)			ice: (P.O. Box not	FILED  19 PH 4: 09  FIF STATE
<del></del>	Street, Suite 1	<del></del>	ORIE	TATE : 09
	e, Florida 323		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Such change was authorized by the ICON CAPITAL CORP., its THOMAS W. MARTIN, EXEC.	e general partners. General Partner		<del></del>	
Signature of General Pa		Date	·	
Having been named as registered partnership at the place designate agent and agree to act in this cap relative to the proper and complet obligation of my position as registary Corporation Service Comp	acity. I further agree to be performance of metered agent.	t service of process, I hereby accept the ee to comply with the ey duties, and I am	for the above stated live appointment as regis the provisions of all sta familiar with and acce	mited stered atutes pt the
By: VICh Schreibe Registered Agent signa	C nure	2-10 Date	.97	,
VICKI SCHREIBER ASST	VICE PRESIDENT			

Filing Fee: \$35.00