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O SIMMONS MAY 1 8 2018 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOUNT NO.	:	1200000	00195
		REFERENCE	:	216528	5021613
		AUTHORIZATION		V V	
		COST LIMIT	:	35.00	endo
ORDER :	DATE :	May 17, 2018			
ORDER	TIME :	1:16 PM			
ORDER :	NO. :	216528-005			
CUSTOM	ER NO:	5021613			
		CHANGE OF A	<u>GEN</u>	<u>T</u>	
	NAME:	COCONUT POINT	' НО	LDINGS, 1	LP
PLEASE	RETURN	THE FOLLOWING AS	PR	OOF OF F	ILING:
		FIED COPY STAMPED COPY			
CONTAC	T PERSOI	N: Emily Croft			

EXAMINER'S INITIALS:

## COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	JECT: Cocc	onut Poin					
DOC	UMENT NUMBER:	В	16000	00001	16		
	nclosed Statement of Change of R are submitted for filing.	egistered (	Office ar	nd/or Ro	egistered Agent and		
Please	e return all correspondence concer	ning this m	atter to:	:			
	Kayla Lee			_			
•	Contact Person						
	Wexford Capital L	Р					
	Firm/Company		-	_			
	411 West Putnam Avenue,	Suite 125					
	Address	-					
	Greenwich, CT 068	30					
	City, State and Zip Cod	:					
	legalnotices@wext	ord.com					
— <u>E</u>	E-mail address: (to be used for future ann	ual report not	ification)		_		
For fi	urther information concerning this	matter, plo	ase call	:			
	Kayla Lee	at (	203	)	862-7000		
	Name of Contact Person	A	rea Code	and Dayt	ime Telephone Number		
Enclo	osed is a \$35.00 check made payab	ole to the FI	orida D	epartme	ent of State.		
STRI	EET ADDRESS:		MAII	LING A	ADDRESS:		
Registration Section			Registration Section				
	ion of Corporations		Division of Corporations				
	on Building		P. O. Box 6327				
	Executive Center Circle		Tallal	nassee,	FL 32314		
Tallal	hassee FL 32301						

## 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.

Name of Limited Partnership or Limited Liability Limited Partnership  2. May 31, 2016  Date of filing/registration in Florida  Horida Florida document number  4. The name of the registered agent and the registered office address as shown on the records of the Florida	1.	Coconut Point Ho	ldings, l	.P		
Date of filing/registration in Florida  4. The name of the registered agent and the registered office address as shown on the records of the Florida  Department of State:  Tim Sanders Name  848 Brickell Avenue, PH1 Address Miami FL 33131 City, State and Zip  5. The name and Florida street address of the new registered agent and/or office:  Corporation Service Company Name  1201 Hays Street Florida street address (P.O. Box not acceptable) Tallahassee FL 32301 City, State and Zip  6. Such change(s) is/are effective when filed by the Florida Department of State.  Signature of General Partner By: Arthur Aaron, vice President and Assistant Secretary 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 an accept the obligations of my position as registered agent.  Corporation Service Company By: Corporation Service Company Emily Croft Asst. Vice President Filing Fee:  S35.00	Name of Limit	ed Partnership or Limited L	iability Lim	ited Partnership	· •	
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Tim Sanders Name  848 Brickell Avenue, PH1 Address Miami FL 33131  City, State and Zip  5. The name and Florida street address of the new registered agent and/or office:  Corporation Service Company Name  1201 Hays Street  Florida street address (P.O. Box not acceptable)  Tallahassee FL 32301  City, State and Zip  6. Such change(s) is/are effective when filed by the Florida Department of State.  Signature of General Pariner By, Arthur Annon, Vice President and Assistant Secretary of Coconut Point Advisors Lic, its General Partner comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent.  By:  Emily Croft Asst. Vice President  Filing Fee: S35.00	-:	in Florida	F	lorida documen	nent number	
Name  848 Brickell Avenue, PH1  Address  Miami FL 33131  City, State and Zip  5. The name and Florida street address of the new registered agent and/or office:  Corporation Service Company  Name  1201 Hays Street  Florida street address (P.O. Box not acceptable)  Tallahassee FL 32301  City, State and Zip  6. Such change(s) is/are effective when filed by the Florida Department of State.  Signature of General Partner  By: Arthur Annon, Vice President and Application Service Original Advisors LLC, its General Partner comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent.  By: Corporation Service Company  By: Corporation Service Company  Emily Croft  Asst. Vice President  Filing Fec: S35.00	4. The name of the registered age Department of State:	nt and the registered office	address as s	hown on the rec	ords of the Florida	
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1201 Hays Street    Tallahassee					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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Florida street address (P.O. Box not acceptable)  Tallahassee FL 32301  City, State and Zip  6. Such change(s) is/are effective when filed by the Florida Department of State.  Signature of General Partner  By: Arthur Amron, Vice President and Assistant Secretary of Coconut Point Advisors LLC, its 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 an accept the obligations of my position as registered agent.  Corporation Service Company  By: Emily Croft  Asst. Vice President  Filing Fee: S35.00		Name			်ွှဲ့ႏွင့် 😛	
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Signature of General Partner  By: Arthur Amron, Vice President and Assistant Secretary of Coconut Point Advisors LLC, its 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 an accept the obligations of my position as registered agent. Corporation Service Company  By:  Emily Croft  Asst. Vice President  Filing Fee:  S35.00		City, State and 2	Zip			
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