

B16000000116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

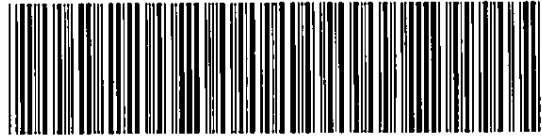
(Business Entity Name)

(Document Number)

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18 MAY 17 AM 8:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O SIMMONS

MAY 18 2018

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 216528 5021613  
AUTHORIZATION :   
COST LIMIT : \$ 35.00

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ORDER DATE : May 17, 2018  
ORDER TIME : 1:16 PM  
ORDER NO. : 216528-005  
CUSTOMER NO: 5021613

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CHANGE OF AGENT

NAME: COCONUT POINT HOLDINGS, LP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Emily Croft

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Coconut Point Holdings, LP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** B16000000116

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Kayla Lee  
Contact Person  
Wexford Capital LP  
Firm/Company  
411 West Putnam Avenue, Suite 125  
Address  
Greenwich, CT 06830  
City, State and Zip Code  
legalnotices@wexford.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kayla Lee at ( 203 ) 862-7000  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**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. Coconut Point Holdings, LP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. May 31, 2016 3. B16000000116  
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:

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

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TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF REVENUE

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

[Signature]  
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.*

By: Emily Croft Emily Croft  
Signature of Registered Agent Asst. Vice President

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

Prepared by: K. Lee  
Reviewed by: M. Tuccio