## \*\*\*\*\*35.00 \*\*\*\*\*35.00 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time Walk in Certified Copy ☐ Mail out ☐ Will wait Photocopy Certificate of Status NEW FILINGS **AMENDMENTS** Profit Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger **OTHER FILINGS** REGISTRATION/QUALIFICATION Annual Report Foreign ☐ Fictitious Name Limited Partnership Reinstatement Trademark Other **Examiner's Initials**

CR2E031(7/97)

## OFFICE OR REGISTERED AGENT, OR BOTH

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED

rursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited
partnership organized under the laws of the state of Delaware , submits the
following statement in order to change its registered office or registered agent, or both, in the state of
Florida.
ICON CASH FLOW PARTNERS L.P. SIX LIMITED PARTNERSHIP
Name of the limited partnership
July 15, 1994 $\frac{1}{2}$ B96000000113 $\frac{1}{2}$ B9 $\frac{1}{2}$
Date of filing/registration in Florida  Document number assigned
4. The name and address of the present registered agent and office:
Corporate Service Company
1201 Hays Street
Tallahassee, FL 32301
The name and street address of the successor registered agent and office: (P.O. Box not acceptable)
NRAI Services, Inc.
526 E. Park Avenue
Tallahassee, FL 32301
Such change was authorized by the general partners.
March 20, 2002
Signature of General Partner Date
Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, 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 obligation of my position as registered agent.  To National Registered Agents Inc.  March 19, 2002
Registered Agent signature Date

Filing Fee: \$35.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHSE004(3/95)