## 00000113 Suite dre \*\*\*\*\*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 Photocopy ☐ Will wait ☐ Certificate of Status Mail out **NEW FILINGS AMENDMENTS** ☐ Profit Amendment Not for Profit Resignation of R.A., Officer/Director Change of Registered Agent Limited Liability Domestication Dissolution/Withdrawal Other Merger **OTHER FILINGS** REGISTRATION/QUALIFICATION Foreign Annual Report ☐ Fictitious Name Limited Partnership Reinstatement

Trademark Other

**Examiner's Initials** 

CR2E031(7/97)

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

Pursuant to the pro	ovisions of sections 620.105 and 620.1051	l, Florida Statutes, the under	signed 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 FLO	OW PARTNERS, L.P., SEVEN		
Name of the limited partnership			
2. April 3, 1996	33	13	
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		= 0
5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)			
	NRAI Services, Inc.		02 HAY -8 PH 1:2 SEGRETARY OF STATE TALBAHASSEE, FLORIDA
	526 E. Park Avenue	<u> </u>	
	Tallahassee, FL 32301		Fig.
Such change was authorized by the general partners.			TY 26
AC		March 20, 2002	•
	Signature of General Partner	Date	
partnership at the t		accept the appointment as re	oistered agent
-			

Filing Fee: \$35.00

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

INHSE004(3/95)