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(((H200000309593)))



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Division of Corporations							
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	Account Name : LEGALINC CORPORATE SERVICES INC.						
Account Number : 120180000011 Phone : (844)386-0178							
	Fax Number : (214)317-4754						
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JAN 29 2020

To: 18506176383 From: 14693173436 Date: 01/27/20 Time: 4:02 PM Page: 02/02

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	une of the limited liability company: <u>ICM (VII) CON</u>	GRESS M	ANAGEMEN	NT LLC		
. (u)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	("	> <u></u> }	ailing address of limited hability company (Note: MAY BE POST OFFICE BOX)		
	Suite 700, 404 - 6th Avenue SW		Suite 700,	404 - 6th Avenue SW		
	Calgary T2P 0R9 CA		Calgary T2P 0R9 CA			
	07/03/2014		L140001063	399		
3.	Date of filing/registration in Florida	-4.		Document number		<u> </u>
5. (a)	Registered Agent and Registered Office shown on the records of CT CORPORATION SYSTEM	of the Florida	Dept of State	r r	20	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1200 SOUTH PINE ISLAND ROAD SUITE 250			TALLAN SSEE, FL	2020 JAN 2	
	PLANTATION	FL_33324			28	bartiai 1 2≣2573
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office au	ldress		AMII: 17	ليريها
	LEGALINC CORPORATE SERVICES INC.			_		
	<u>NEW</u> Registered Office Address 5237 SUMMERLIN COMMONS BLVD, SUITE 400					
				<u> </u>		
	FORT MYERS	FL_33907		_		
chang agent was/w the ar	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the Spencer Coupland	laws of the he register liability co s of the lim he limited	ed office an ompany, it i nited liabilit	is hereby confirmed the ty company or as othe npany.	at the cherry se pro	ange(s)
l her provi the ol to me	ature of a member or authorized representative of a member eby accept the appointment as registered agent and a stons of all statutes relative to the proper and comple bligations of my position as registered agent as provid rely reflect a change in the registered office address, ed in writing of this change.	igree to ac te perform ded for in I hereby c	t in this cap iance of my Chapter 60: confirm that	pacity. I further agree duties, and I am fami 5, F.S. Or, if this doc the limited hability c	e to comp iliar with ument is ompany l	ly with the and accep, being filed ias been
Signa	Une of Registered Agent UNA			(((H2000003095	93)))	

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00