Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000114557 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC REGISTERED AGENT CHANGE ICG DEERFIELD MANAGEMENT LLC

Certificate of Status	0
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COVER LETTER

	Registration Section Division of Corporations						
SUBJEC	ICG Deerfield Management LL	ICG Deerfield Management LLC					
505020	Name of Limited Liability Company						
Dear Sir	or Madam:						
The encl	osed Registered Agent/Registered	Office Change a	nd fee(s) are submitted for filing.				
Please re	turn all correspondence concernin	g this matter to t	ne following:				
Mary Cas	stillo						
	Name of Person						
Registere	d Agent Solutions, Inc.						
	Firm/Company						
Corporate	e Center One, 5301 Southwest Pkwy,	Stc 400					
	Address						
Austin, T	X 78735						
	City/State and Zip Co	de					
E-n	nail address: (to be used for future	annual report no	tification)				
For furth	er information concerning this ma	tter, please call:					
Mary Cas	stillo	888 at (705-7274				
	Name of Person	,	Area Code & Daytime Telephone Number				
<u> </u>	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
I	Enclosed is a check for the follow	ing amount:					
C	□ \$25 Filing Fee	0	\$55 Filing Fee & Certified Copy				
INHS18 (2/14)						

15129570210

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.

(a)	4275 EXECUTIVE SQUARE	TIVE SQUARE (b) 4275 EXEC					
2. (a) <u>.</u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (o) <u> </u>		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 20		
	SUITE: 1020		SUITE: I	1020			
	LA JOLLA, CA 92037	_	LA JOLI	.A. CA 92037			
	7/8/2019		M1900000	06535			
. (a)	Date of filing/registration in Florida CORPORATION SERVICE COMPANY	4.		Document	number		
. (4)	Registered Agent and Registered Office shown on the records of a	he Florid	а D ер я, of Sta	ate:			
	Registered Office Address (MUST BE FLORIDA STREET)	DDRES	<u>S)</u>				
	TALLAHASSEE, FL	32301					
(b)	Registered Agent Solutions, Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 155 Office Plaza Dr.	Office a	idress:		.	2028 ki s 27	
	NEW Registered Office Address:					7 73	
	Suite A					7	
	Tallahassee, FL	32301				世 新田:2	
hange gent v	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the Alex Roudi	register bility co f the lin limited	ed office an ompany, it nited liabili	nd the busine is hereby con ity company o	ss office of th ifirmed that th	ie registered ie change(s	
ne arti	AND A FOUR						
ne arti /s/	ture of a member or authorized representative of a member			Printed or typ	ped name of sign	ice	

Signature of Registered Agent