A05000000476

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phone	∍ #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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02/02/16--01013--012 **35.00



K.SALY EXAMINER FEB - 3



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Marissa Rather-lopez MARISSA.RATHER-LOPEZ@CSCGLOBAL.COM

Date: January 29, 2016

Order#: 943942/039

Re: S/SHINN ROAD PROPERTY, LTD.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Marissa Rather-lopez c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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	S/SHINN ROAD PRO				
Name	of Limited Partnership or Limited	Liability Lir	nited Partnership		
2. 03/07/2005		3	A05000000		
Date of filing/re	gistration in Florida		Florida document	number	
4. The name of the regis Department of State:	tered agent and the registered offic	e address as	shown on the reco	ords of the Florida	
В	luth, Thomas M - C/O SF	O Manage	ement, LLC		
_	Name	<u> </u>	· · · ·		
	301 E Las Olas Bou	levard, 80	00		
	Address	<u></u>			
	Fort Lauderdale	FL	33301		
 -	City, State and	Zip		F. 20	
5. The name and Florida	a street address of the new registere	d agent and/	or office:	2016 FEB -2 PH 3: 46	
	Corporation Service	Compan	у	死 2	
-	Name		-	SEE P	
	1201 Hays St	reet		四次	
Florida street address (P.O. Box not acceptable)					
	Tallahassee	FL	32301	500 0	
_	City, State and				
Signature of General Par		*			
comply with the provision and I am familiar with a Corporation	nintment as registered agent and agens of all statutes relative to the professions of my posiservice Company Agent ** By: S/Shinn Road Pr	pper and com tion as regis	plete performance tered agent.	e of my duties,	
Filing Fee:	\$35.00	operty, LL	o, no general p	artner	

Certified Copy (optional): \$52.50