## AIUCUCO59

(Req	uestor's Name)					
(Address)						
(Address)						
(City	/State/Zip/Phone	÷#)				
PICK-UP	WAIT	MAIL				
(Bus	iness Entity Nam	ne)				
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						
(Doc	cument Number) Certificates					

Office Use Only



800281633528

02/02/16--01013--004 \*\*35.00

PILED 2016 FEB -2 P 3: 57 SECRETARY OF STATE

FEB 0 3 2016

**3 MASON** 



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#: 943942/053

Re: STILES PROPERTIES AND INVESTMENT II, LLLP

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.

I. STILE	S PROPERTIES AND	INVESTM	IENTS II	, LLLF	<b>5</b>	
Nan	ne of Limited Partnership or Limite	d Liability Lim	ited Partners	hip		
	7/21/2010 3. A100000 Pregistration in Florida Florida docume					
4. The name of the reg Department of State:	gistered agent and the registered off	īce address as s	hown on the	records o	of the Fl	orida
	Esposito, R	obert				
	Name					
301 E Las Olas Boulevard						
•	Address			1000	<b>5</b> .7'	
	Fort Lauderdale	FL	33301		016	
•	City, State an	d Zip	-	と対	EB33	77
5. The name and Flori	ida street address of the new registe	red agent and/o	r office:	ASSER	3 -2	m
	Corporation Service	e Company	<u>'</u>	F OF	U	8.6.6
	Name			FOF ATS	ىپ	٣
1201 Hays Street					S	
	Florida street address (P.O.	Box not accept	able)		,	
	Tallahassee	FL	32301			
	City, State an	ıd Zip				
6. Such change(s) is/a Signature of General F	Partner	da Department (		*		
comply with the provis and I am familiar with		roper and comp sition as registe Elizabeth A.	olete perform ered agent. Dawson /	ance of n	ny dutie.	
Filing Fee: Certified Copy (o	\$35.00 optional): \$52.50					