

A 99 00000 463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

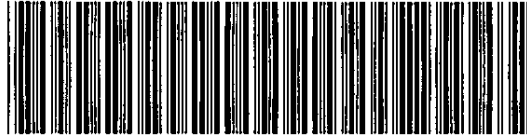
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 28 2016

J SHIVERS



CORPORATION SERVICE COMPANY

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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: January 26, 2016

Order#: 950500/010

Re: S/ELA GP, LTD.

Enclosed please find:

XX Change of Registered Agent and Office.
XX Check in the amount of \$35.

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:Janis M. Smith
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/ELA GP, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 03/23/1999 3. A99000000463
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:


Robert Esposito
Name
201 E. Las Olas Blvd, 7th Floor
Address
Ft. Lauderdale, FL 33301
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

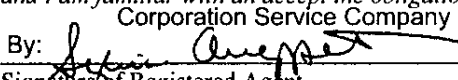
Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32301
City, State and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Such change(s) is/are effective when filed by the Florida Department of State.

 Dona Priebe, Vice President on behalf of
Signature of General Partner S/ELA GP, Inc., General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent.

By: 
Signature of Registered Agent
Corporation Service Company

Sylvia Queppet, Asst. Vice President
Filing Fee: \$35.00
Certified Copy (optional): \$52.50