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Theodore Stotzer
Theodore Stotzer (Requestor's Name) 321 East Hillsboro Blub (Address) Deer Field Beach, 9. 33441 (Address)
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(Address) (City/State/Zip/Phone #)
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LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

I. STP ASSOCIATES I LIMITED PARTNERSHIP		
Name of the limited partnership		
2. 2/23/00 3 ₋ B0000000046		
Date of filing/registration in Florida Document number assigne		
The terminal and the second and pro-	•	
4. The name of the registered agent and the registered office address as shown on the r	ccords of the	Florida
Department of State:		
Theodore R. Stotzer, Esq.		
Name		
c/o Swerdlow Real Estate Group, LLC		
4651 Sheridan Street, Suite 200		
Address		
Hollywood, Florida 33021		
City, State and Zin	•	
5. The name and address of the new registered agent and/or office:	-	
Theodore R. Stotzer, Esq.		
Name		
c/o Swerdlow Boca Developers Group, LLC		
321 East Hillsboro Blvd.		
Florida street address (P.O. Box not acceptable)		ζ-3
Descripted Parch El 22/43		
Deerfield Beach FL 33441	_ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	, ,
City, State and Zip		
6. Such change(s) was/were authorized by the general partners. STP ASSOCIATES I LIMITED PARTNERSHIP		1
BY: SREG (STP), INC., its general partner		>
	يد مريسز -	
Ву:		785
Signature of General Partner Its Executive Vice President	:"	
•		
I hereby accept the appointment as registered agent and agree to act in this capacity. If	rther agree to	comply
with the provisions of all statutes relative to the proper and complete performance of	my duties a	nd Lam
familiar with and accept the obligations of my position as registered agent. Or, if this d	ocument is bei	ing filed
merely to reflect a change in the registered office address, I hereby confirm that the til	nited partner:	ship has
been notified in writing of this change.	_	-
		,
Signature of Registered Agent		

Make checks payable to Florida Department of State and mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00