Lapacos EUO

(Re	equestor's Name)	. .			
(Ac	ldress)				
(Ac	ldress)				
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



000280633450

01/26/16--01016--010 **25.00

Ole JAN 26 P 12: 49
SECRETARY OF STATE
OLAHASSEE, FLORIDA

JAN 27 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: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: January 22, 2016

Order#: 943942/049

Re: STILES GAINESVILLE GP, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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:Lindsey Lockard

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

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.

1. N	ame of the limited liability company: STILES GA	INESVILLE GP, LLC			
2. (a)	301 E Las Olas Boulevard	(b) 301 E	(b) 301 E Las Olas Boulevard		
	Principal office address of limited liability company:	:	Mailing address of limited liability compan		
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST O	FFICE BOX)	
	Suite 800	Suite_80	0		
	Ft. Lauderdale FL 33301	Ft. Laud	lerdale, FL 333 <u>01</u>		
	09/11/2006	L060000	88870		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Bluth, Thomas M				
. ()	Registered Agent and Registered Office shown on the record	is of the Florida Dept. of Stat	_ te:		
	C/O SFO Management, LLC				
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDRESS)	_		
	301 E Las Olas Boulevard, 800				
			- >a,	77	
	Ft. Lauderdale	, FL <u>33301</u>	- ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Supervisors Commercial	
(b)	Corporation Service Company		₩ ₩ ₩	m	
(0)	Enter name of NEW Registered Agent and/or NEW Regist	ered Office address:		Ö	
			STATE LORID		
	1201 Hays Street		A DA		
	· <u>NEW</u> Registered Office Address:		_		
			-		
	Tallahassee	,FL 32301			
		,	_		
If the the the	imited liability company is not organized under the inge or changes are made, the Florida street addres	e laws of the State of Floring	orida, it is hereby confir	med that after	
agent	will be identical. Or, in the case of a Florida limite	d liability company, it i	s hereby confirmed that	the change(s)	
was/w the art	ere authorized by an affirmative vote of the membericles of organization or the operating agreement of	ers of the limited liabilit the limited liability cor	ty company or as otherw	ise provided in	
	126	•	Authorized Person		
Signa	ture of a member or authorized representative of a member	Dona'l Hebe, A	Printed or typed name of sig	gnee	
I here	by accept the appointment as registered agent and	agree to act in this cap	acity. I further agree to	comply with the	
provis the ob	ions of all statules relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address	lete performance of my vided for in Chapter 60:	duties, ånd I am familia 5, F.S. Or, if this docum	r with and accept ent is being filed	
to mer notifie	ely reflect a change in the registered office addres. d in writing of this change.	s, I hereby confirm that	the limited liability com	pany has béen	
•	Drace C-Kuble				
Signati	re of Registered Agent Corporation Service Compar	y BY: Grace E. Ki	rby, Assistant Vice Pro	esident	

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00