## L12000070160

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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#: 943942/059

Re: STILES2, LLC (STILES SQUARED)

Enclosed please find:

 $\overline{XX}$  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 SQUAF	RED, LLC	>					
2. (a)	301 E. Las Olas Blvd.		(b) 301 E. Las Olas Blvd.					
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	7th Floor		7th Floor					
	Ft. Lauderdale FL 33301		Ft. Laude	erdale, FL 3330	1			
	05/24/2012		L1200007	70160				
3.	Date of filing/registration in Florida	4.		Document num	iber			
5. (a	) Esposito, Robert							
J. (a	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	- e:				
	301 E. Las Olas Blvd.							
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS		_				
			•					
	7th Floor		****	_	$\Xi_{\mathcal{E}}$	50		
	Ft. Lauderdale , FL	33301		_	₩. (a. )	برل ا	Party :	
				_	24 % a	± 2	北京はいちゃ	
(b)	Corporation Service Company			_	011 011	9	1	
. ,	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	<u>dress</u> :		<u>ार्</u>	7	3 200	
						5		
	1201 Hays Street			_			•	
	NEW Registered Office Address:			,	).a. (	÷		
			<del></del>	-				
	Tallahassee , FI	32301		_				
the chagent was/v the ar Sign I here proving the obtone.	limited liability company is not organized under the landange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the authorized representative of a member seby accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete beligations of my position as registered agent as provide rely reflect a change in the registered office address, I sed in writing of this change	f the registability coof the limited l	stered office ompany, it i nited liabilit liability con na Priebe, A	e and the busines hereby confirm y company or a support of the company.  Authorized Person Printed or typed in the confirm of the confirmation of	ess office med that the state of signature of signature to	of the chase pro	registered ange(s) vided in	

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

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Assistant Vice President