DOCUMENT # A000000834  1. Entity Name  STILES PROPERTY #3 III, LTD.					01	O1 APR 30 PH 6: 33	
					SEC	RETARY OF STATE	i
Principal Plac	ce of Business	<u> </u>	Mailing Address		TAL	AHASSEE, FLORIDA	
6400 NORTH ANDREWS AVENUE 6400 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 3330					:		
			3. Mailing Address				
300 SE 2nd Street Suite, Apt. #, etc.			Suite, Apt. #, etc.	300 SE 2nd Street lite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
·			City & State			1000	Applied For
Ft. Lauderdale, FL Zip Country				Ft. Lauderdale, FL Zip Country		013445	Not Applicable
33301		Country	33301	Country	5. Certificate		\$8.75 Additional Fee Required
	6. Name ar	nd Address of Current R			7. Name and	Address of New Registered A	gent
				Name	Patricia Jone	28	· ·
DUKE, BRYAN W ESQ.				Street Ac	ddress (P.O. Box Number is Not Acceptable) c/o Stiles Corporation		
6400 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33309				<del></del>	c/o Stiles Corporation		
FORT LAU	JUEKUALE FL	33309			300 SE 2nd St	<del></del>	<del></del>
				City	Ft. Lauderdal	.e, FL <b>FL</b>	<sup>Zip,Code</sup> 33301
8. The above	named entity s	ubrits this statement for t	the purpose of changing its re	egistered office or	registered agent, or both	, in the State of Florida.	
	10	2 x	201 00/		g	12.101	
SIGNATURE .	Signalore, typed 143	co y	our		~~	/ ~ / / 0 /	
	9. Capital Contributions as Shown on record.  10. Amount of Capital in FLORIDA to capita			Registered Agent signatu	re required when reinstating)	DATE	1
	ontributions on record.	\$5,000.00	10. Amount of Capit if	Contributions	. *	11. MAKE CHECK PAYABLE SEE REVERSE SIDE FOR	FEE INFORMATION
	ontributions on record.	\$5,000.00	10. Amount of Capit II in FLORIDA to cale	Contributions e. \$ 500	REGISTERED AND A	11. MAKE CHECK PAYABLE SEE REVERSE SIDE FOR CTIVE WITH THIS OFFICE.	FEE INFORMATION
	ontributions on record.	\$5,000.00	10. Amount of Capit II in FLORIDA to c at IAT IS A BUSINESS EN TI NOT be changed on the	Contributions e. \$ 500	REGISTERED AND A	11. MAKE CHECK PAYABLE SEE REVERSE SIDE FOR	ner.
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indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Cha; ter 620, Florida Statutes