ACSCCCCUTCL

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Bus	siness Entity Nar	me)
(Do	cument Number))
Certified Copies	Certificate	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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JAN 28 2016 J SHIVERS



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#: 950500/057

Re: STILES PROPERTIES AND INVESTMENTS, 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.

	PROPERTIES A			
	•	inca Elaomity Emi		•
2. 04/11/		3	A050000	
Date of filing/registr	ation in Florida	F	lorida docume	ent number
4. The name of the registered Department of State:	d agent and the registered	office address as s	hown on the r	ecords of the Florida
	Robert E	sposito		
	Name			
	201 E. Las Olas	Blvd, 7th Floo	r	
	Addr			
Fi	. Lauderdale, FL 33	3301		
	City, State	and Zip		IAL SE
5. The name and Florida stre	eet address of the new regi	stered agent and/o	r office:	6 JA) CRE LAH
	Corporation Ser	vice Company	/	ASS
	Nan	ne	_	2
1201 Hays Street Florida street address (P.O. Box not acceptable)				
Florida street address (P.O. Box not acceptable)				
	Tallahassee	FI.	32301	DA TO
	City, State	and Zip		_
6. Such change(s) is/are of	et . then filed by the Flo			1.1.10.6
Silvanty of General Partner	Dona Priebe, Authorized Person on behalf of			
Siltnatuz of General Fartner		SPI, LLC, Gener	al Partner	
I hereby accept the appointm comply with the provisions of and I am familiar with an acc Corporation Set By: Signature of Registered Agen	f all statutes relative to the cept the obligations of my	proper and comp	lete performa	
Sylvia Queppet, Asst. Vice	President			
Filing Fee:	\$35.00			
Certified Copy (option	al): \$52.50			