A05000000949

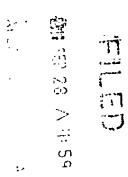
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(ON)/OLDER ZIPIT HONE II)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Outfload Outle					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

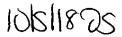
Office Use Only



300318814413

09/28/18--01016--001 **980.00





COVER LETTER

Division of Corporations					
SUBJECT: Stiles Capital Partners I, La Name of Limited Partnersh	td. ip or Limited Liability Limited Par	tnership			
DOCUMENT NUMBER: A050000	000949				
The enclosed Statement of Change of Reg fee(s) are submitted for filing.	istered Office and/or Registe	red Agen	t and		
Please return all correspondence concernir	ng this matter to:				
Kathy Moro					
Contact Person					
Frank Weinberg Black, P.L.	<u> </u>	:- ·			
Firm/Company			. 3		
7805 SW 6th Court			: ; :sa :c a :		
Address		•			
Plantation, FL 33324			> ' ÷ '		
City, State and Zip Code		:	် လ		
Lynda. Watkins@Stiles.com K E-mail address: (to be used for future annual					
For further information concerning this ma	atter, please call:				
Lynda Watkins Name of Contact Person	at (954) 627-9350 Area Code and Daytime Te	elephone N	umber		
Enclosed is a \$35.00 check made payable	to the Florida Department of	State.			
STREET ADDRESS:		MAILING ADDRESS:			
Registration Section Division of Corporations	-	Registration Section Division of Corporations			
Clifton Building	P. O. Box 6327	auons			
2661 Executive Center Circle Tallahasson, FL 32301	Tallahassee, FL 3:	2314			

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.

L. Stiles Capi	ital Partners I, Ltd.				
	Name of Limited Partnership or Lim	ited Liability Limited Partners	hip		
2. 05/12/200:	5	3. <u>A05000000949</u>	3. A05000000949		
	ing/registration in Florida		Florida document number		
4. The name of the Department of State	registered agent and the registered of	office address as shown on the	records o	t the Flor	ida
	CORPORATION SERVIC	E COMPANY			
	Nan				
	1201 HAYS STREET			₹ .⊒.	
	Addre	288	·-	निस् <u>य</u>	
	TALLAHASSEE, FL 3230	11-2525		ig G	***
	City. State		1	;⇔	i
5. The name and Florida street address of the new registered agent and/or office:			>		
	FRANK WEINBERG & B	LACK P.L.	:	 (7)	
	Nam	ic .	rs	Ō	
	1875 NW CORPORATE B C/O STEVEN DEUTSCH.				
	Florida street address (P.C). Box notacceptable)			
	BOCA RATON City, State	FL 33431			
6. Such change(s) i	s/are effective when filed by the Flo	·			
Signature of Genera	al Partner				
comply with the pro	appointment as registered agent an ovisions of all statutes relative to the obligations of my parties of the obligations of my parties.	proper and complete perform			
Signature of Registe	ered Agent				
Filing Fee:	\$35.00				

Certified Copy (optional): \$52.50