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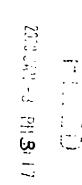
(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Baronie lindsey.baronie@cscglobal.com

Date: December 31, 2019

Order#: 110742/063

Re: STILES CAPITAL PARTNERS I, LTD.

Enclosed please find:

XX Change of Registered Agent and Office.

 \overline{XX} Check in the amount of \$35.00.

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 Baronie c/o Corporation Service Company 251 Little Falls Drive 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.

1	STILES CAPITAL P	ARTNER:	SI, LTD.		
1	lame of Limited Partnership or Limi	ited Liability Li	mited Partnership		
2. N	/lay 12, 2005	3.	A0500000	0949	
Date of filing/registration in Florida			Florida document number		
4. The name of the Department of State	registered agent and the registered o	office address as	shown on the rec	ords of the I	₹lorida
	FRANK WEINBER	G & BLACK	P.L.		
	Nam	e			
	1875 NW Corporate Blvd, Suite 1	00, c/o Steven	Deutsch, ESQ		
	Addre	ess			
	Boca Raton	FL	33431		
	City, State	and Zip			
5. The name and Fl	orida street address of the new regis	tered agent and	/or office:		
	_	•		5.	<u>;~</u> ;
	Corporation Serv		<u>''y</u>	-	: :
	1201 Hays Florida street address (P.C		ntable)		ے
		J. DOX HOL acce			
	Tallahassee	F[_	32301	•	Λά Est
	City, State	and Zip		===	-
6. Such change(s) is/are effective when filed by the Florida Department of State.				ŢĬ.	
Signature of Genera	Partner Jill Cilmi, Authorized Person General Partner	on on behalf of So	CP I GP, LLC.		
comply with the pro and I am familiar w	<u> </u>	proper and con position as regis	nplete performanc		
Filing Fee:	\$35.00				

Certified Copy (optional): \$52.50