

A66 000001085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

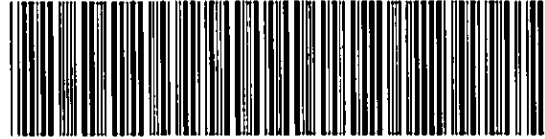
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300318696443

09/26/18--01029--008 **35.00

2018 SEP 26 AM 11:10

T. CLINE

OCT - 2

EXAMINER

**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 GAINESVILLE, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

2. SEPTEMBER 12, 2006
Date of filing/registration in Florida

3. A06000001085
Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CORPORATION SERVICE COMPANY

Name

1201 HAYS STREET

Address

TALLAHASSEE, FL. 32301-2525

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

STEVEN W. DEUTSCH, ESQ.
Name
1875 NW CORPORATE BLVD., #100
Florida street address (P.O. Box not acceptable)
BOCA RATON FL 33431
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

BY: STILES UNIVERSITY, INC
THOMAS BULL, VP
Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50