## A10000000230

(Re	equestor's Name)			
(Ad	ddress)			
(Ad	ddress)			
(Ci	ity/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bı	usiness Entity Nan	me)		
(Document Number)				
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MAY 2 6 2015

T. HAMPTON



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper

ami.casper@cscglobal.com

Date: May 20, 2015

Order#: 589522/120

Re: STEVENS FAMILY VENTURES LIMITED PARTNERSHIP

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:Ami Casper

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.

1. STEVENS	S FAMILY VENTUR	ES LIMITI	ED PARTN	IERSHIP	
Name	e of Limited Partnership or Lin	nited Liability I	Limited Partnersl	hip	
2. 04/	22/2010	3.	A10000	000230	
	egistration in Florida		Florida docum	ent number	
4. The name of the regis Department of State:	stered agent and the registered	office address	as shown on the	records of the Florida	
	Michael R.	Stevens			
	Nan	ne			
	1170 Mass	sey Street			
	Addr				
	Naples, FL 3412	0			
_	City, State	and Zip			
5. The name and Florid	a street address of the new regi	istered agent an	d/or office:		
	Corporation Serv	vice Compa	iny		
	Nan	ne			
	1201 Hay	s Street			
•	Florida street address (P.	O. Box not acc	eptable)		
	Tallahassee	F]	<u>.</u> 32301		
	City, State	and Zip			
6. Such change(s) is/are	e effective when filed by the Fl	·			
	Dona Priebe, Authorize		-		
comply with the provision and I am familiar with a	pintment as registered agent are ons of all statutes relative to the maccept the obligations of my Service Company  Agent Sylvia Queppet,	e proper and co position as reg	omplete performa gistered agent,		MARKET VA
Filing Fee:	\$35.00			TA P	
Certified Copy (op	tional): \$52.50			2: 1 5TAT FLORU	A Property