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(Re	equestor's Name)				
(Ac	ddress)				
(Ac	ddress)				
(City/State/Zip/Phone #)					
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(Document Number)					
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JAN 28 2016 J SHIVERS



CSC - WILMINGTON
Suite 400
27:1 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#: 950500/054

Re: STILES INVESTMENT FUND ONE, LLLP

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.

	LES INVESTMEN		· · · · · · · · · · · · · · · · · · ·	
Name of	Limited Partnership or Lim	nited Liability Lin	mited Partners	ship
<u></u>			A11000 Florida docum	0000134 ment number
4. The name of the registere Department of State:	d agent and the registered	office address as	shown on the	records of the Florida
	Terry W	. Stiles		
	Nan	ne		
	301 E. Las Ola	as Boulevard	<u> </u>	
	Addr	ess		
F	t. Lauderdale, FL 3	3301		
	City, State	and Zip		₹
5. The name and Florida str	eet address of the new regi	stered agent and/	or office:	16 J SECR VLLA
	Corporation Ser	vice Compar	ny	HA E
	Nan	ne		27 27 \$\${
	1201 Hay	s Street		Y OF
	Florida street address (P.	O. Box not accep	otable)	FLC S
<u> </u>	Tallahassee	FL	32301	i an
	City, State	and Zip		>
6. Such change(s) is/are effe	ective when filed by the Flo	orida Department	t of State.	
TO		Dona Priebe, A	Authorized Per	rson on behalf of
Signature of Gene artner				
I nereby accept the appointm				
comply with the provisions of and I am familiar with an ac				ance of my duties,
Corporation Se	rvice Company	position as regis	истей идет.	
Signature of Registered Age	nt			
Sylvia Queppet, Asst. Vice F				
Filing Fee: Certified Copy (option	\$35.00 nal): \$52.50			