

ASS 00000 463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

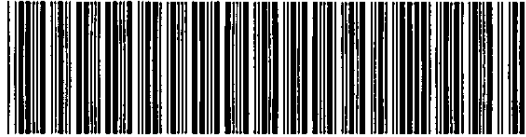
(Business Entity Name)

(Document Number)

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16 JAN 27 AM 8:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 28 2016

J SHIVERS



CORPORATION SERVICE COMPANY

CSC - WILMINGTON  
Suite 400  
2711 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#: 950500/010

Re: S/ELA GP, LTD.

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.

1. S/ELA GP, LTD.  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 03/23/1999 3. A99000000463  
Date of filing/registration in Florida 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:

Robert Esposito  
Name

201 E. Las Olas Blvd, 7th Floor  
Address

Ft. Lauderdale, FL 33301  
City, State and Zip

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


Corporation Service Company  
Name

1201 Hays Street  
Florida street address (P.O. Box not acceptable)

Tallahassee FL 32301  
City, State and Zip

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

  
Signature of General Partner

Dona Priebe, Vice President on behalf of  
S/ELA GP, Inc., 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.*

By: Sylvia Queppet  
Signature of Registered Agent

Sylvia Queppet, Asst. Vice President

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