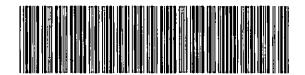
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(Requestor's Name)					
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COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: S/ELA GP, Ltd. Name of Limited Partnership or Limited Liability Limited Partnership DOCUMENT NUMBER: A9900000463 The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Kathy Moro Contact Person Frank Weinberg Black, P.L. Firm/Company 7805 SW 6th Court Address Plantation, FL 33324 City, State and Zip Code Lynda. Watkins@Stiles.com KMoro@fwblaw.net
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lynda Watkins at (954) 627-9350 Area Code and Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Florida Department of State. STREET ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations**

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

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, L	td			
	Nan	ne of Limited Partnership	or Limited Liability Limited Partr	nership	
2.	. 03/23/1999 Date of filing/registration in Florida		3. A990000004	3. A99000000463 Florida document number	
_					
	The name of the reg partment of State:	istered agent and the regis	stered office address as shown on	the records of the Florida	
	_	CORPORATION SE	RVICE COMPANY	<u></u>	
			Name		
		1201 HAYS STREE	T		
	-		Address	— 3 1]	
		TALLAHASSEE, FI	_ 32301-2525	No. 1	
	•	City	. State and Zip		
5.	The name and Florid	da street address of the nev	w registered agent and/or office:	, , , , , , , , , , , , , , , , , , ,	
		FRANK WEINBERG	G & BLACK P.L.	, <u>,</u> ,	
			Name		
		1875 NW CORPORA C/O STEVEN DEUT	ATE BLVD SUITE 100		
			ess (P.O. Box not acceptable)		
	-	BOCA RATON	FL_ <u>33431</u>		
		City	, State and Zip		
6.	Such change(s) is/ar	e offective when filed by	the Florida Department of State.		
	-1/1/				
Sig	nature of General Pa	artner			
con	nply with the provisi	ions of all statutes relative	gent and agree to act in this capace to the proper and complete perfe of my position as registered agent	ormance of my duties,	
Sig	nature of Registered	Agent			
Fil	ing Fee:	\$35.00			

Certified Copy (optional): \$52.50