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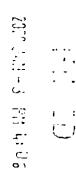
(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Baronie lindsey.baronie@cscglobal.com

Date: December 31, 2019

Order#: 110742/024

Re: S/ELA GP, LTD.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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:Lindsey Baronie c/o Corporation Service Company 251 Little Falls Drive 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.		_		
N	ame of Limited Partnership or Li	mited Liability	y Limi	ted Partners	hip	
2. Ma	March 23, 1999		3. A9900000463 Florida document number			
Date of filin		FI	orida docum	ient number		
4. The name of the r Department of State:	egistered agent and the registered	d office addres	ss as sl	nown on the	records of the	Florida
	FRANK WEINBE	RG & BLACK	P.L.			
	Name					
	1875 NW Corporate Blvd, Suite	e 100, c/o Steve	n Deuts	sch, ESQ		
Address						
	Boca Raton	F	=L	33431		
	City, Sta	te and Zip				
5. The name and Flo	rida street address of the new rep	gistered agent	and/or	office:		
	Corporation Se	rvice Com	pany			~
	Na	ıme				(020 Jac! -
	1201 Ha	ys Street				2
	Florida street address (I	O. Box not a	ccepta	ible)		· -
	Tallahassee		FL	32301		<i>ن</i> د
	City, Sta	te and Zip	FL_		·	- *:
6. Such change(s) is/are effective when filed by the Florida Department of State.					<u>:</u>	٠ <u>:</u> د
Signature of General	n & COmi Partner - Jill Cilmi, Vice President	on behalf of S/	ELA G	P. Inc., Gener	ral Partner	•
I hereby accept the a comply with the provand I am familiar with Corpora	ppointment as registered agent a isions of all statutes relative to the than accept the obligations of mation Service Company M. Passans ed Agent Lindsey M. Baronie, Astendary	ind agree to ac he proper and y position as r	ct in th completegister	nis capacity. lete perform	I further agre	
Filing Fee:	\$35.00					

Certified Copy (optional): \$52.50