

	(Requestor's Name)			
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	(Only) Oldion Elph Hollowy			
PICK-U	P WAIT	MAIL		
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	(Business Entity Name)			
	(Document Number)			
Certified Copies	Certificates of	Status		
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Special Instructions	s to Filing Officer:			
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COVER LETTER

Division of Corporations				
SUBJECT: Stiles Corporation				
Name of Co	orporation			
DOCUMENT NUMBER: K19000				
The enclosed Statement of Change of Registered Office	/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter	to the following:			
Kathy Moro				
Name of Contact Person				
Frank Weinberg Black, P.L. Firm/Company				
7805 SW 6th Court				
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 ea	all:			
Lynda Watkins	at (954) 627-9350			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Departr	ment of State.			
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

TO: Amendment Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chai	provisions of sections 607.0502, 617.05 nge is submitted for a corporation orga r to change its registered office or regis	nized under the laws of the State o	f <u>Florida</u>	
1. The name of t	he corporation: Stiles Corporation			
2. The principal	office address: 301 East Las Olas Bo	ulevard; Fort Lauderdale, FL 333	01	
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 03/24/1988	Document number: K1900	00	
	street address of the current registered tment of State: (If resigned, enter resign	•	with the	
	CORPORATION SERVIC	E COMPANY	_	
1201 HAYS STREET				
TALLAHASSEE, FLORIDA 32301-2525				
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	FRANK WEINBERG & BLACK P.L.			
	1875 NW CORPORATE E C/O STEVEN DEUTSCH,			
	BOCA RATON, FL 33431		_	
The street address changed will	ss of its registered office and the street be identical.	address of the business office of	its registered agent,	
Such change wa	s authorized by resolution duly adopte e board, or the corporation has been no	d by its board of directors or by a		
I hereby accept to I further agree to performance of agent. Or, if this	to of an orber of director the appointment as registered agent ar o comply with the provisions of all sta- my duties, and I am familiar with and a document is being filed merely to refl that the corporation has been notified	tutes relative to the proper and co accept the obligation of my position oct a change in the registered offi	omplete on as registered	
		a16/2017		
	anure of Begistered Agent	Date		
If signing on bel	half of an entity: STEVEN W. DEUTSCH			
Ту	ped or Printed Name			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEE: \$35.00 * * *