LCL 6666 71127

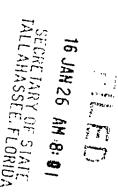
(Requestor's Name)	
(Address)	9
(Address)	
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(Business Entity Name)	
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01/26/16--01016--018 **25.00

JAN 27 2016 J SHIVERS





CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: January 22, 2016

Order#: 943942/036

Re: S/MVR II, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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 Lockard

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. 1	Name of the limited liability company: S/MVR II, LLC				
2. (a	Stiles Corp.	(b) Stiles C	Corp.	
2. (u)	Principal office address of limited liability company:				f limited liability company:
	(Note: MUST BE STREET ADDRESS)			(Note: MAY B	E POST OFFICE BOX)
	301 E Las Olas Boulevard, Suite 800		301 E La	s Olas Bouleva	ard, Suite 800
	Ft Lauderdale FL 33301		Ft Laude	rdale, FL 3330)1
	03/23/2006		L0600003	31123	
3.	Date of filing/registration in Florida	4.		Document nu	mber
5. (a) Bluth, Thomas M			_	
	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	e:	
(b)	C/O SFO Management, LLC				
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	2	-	
	301 E Las Olas Boulevard, 800			-	17. SE
	Fort Lauderdale , FI	<u> 33301</u>		-	6 JAN CRET
					AN 26 HASSEI
	/			-	SE ON Pro-
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office ado	<u>lress</u> :		
	1201 Hays Street				
	NEW Registered Office Address:			-	OF STATE
				_	
	Tallahassee , FI	<u>32301</u>			
the cagen was/	e limited liability company is not organized under the la hange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited li- were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	f the registiability control of the limelimited l	stered office ompany, it is ited liability iability con	e and the busing s hereby confin y company or a	ness office of the registered rmed that the change(s) as otherwise provided in
Sio	native of a member or authorized representative of a member	DON	a Friebe, A		i name of signee
I he prov the o	reby accept the appointment as registered agent and ag isions of all statutes relative to the proper and complete bligations of my position as registered agent as provide erely reflect a change in the registered office address, I led in writing of this change.	ree to act e performe ed for in (hereby co	in this cap ance of my Chapter 605 onfirm that	acity I furthe	r garee to comply with the
Sign	ature of Registered Agent Corporation Service Company	BY: G	race E, Ki	rby, Assistan	t Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00