L11000036333

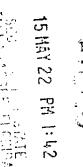
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(Address)				
(Address)				
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper

ami.casper@cscglobal.com

Date: May 20, 2015

Order#: 589522/125

Re: STEVIE I, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

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:Ami Casper

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. N	ame of the limited liability company: STEVIE I, LLC		
2. (a)	1170 Massey Street	(b)	·
<i></i> (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Naples, FL 34120		
	03/25/2011	L11000	
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Michael R. Stevens		
` '	Registered Agent and Registered Office shown on the records of t	he Florida Dept. of St	ate:
	1170 Massey Street		
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	
			20
			— <u> </u>
	Naples , FL	34120	PH 1:42
(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered of 1201 Hays Street NEW Registered Office Address:	Office address:	
	Tallahassee , FL	32301	_
the cha agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the registered office bility company, it f the limited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
		Dona Priebe,	Authorized Person
Signa	atuse of a new crassuthoriz epresentative of a member		Printed or typed name of signee
provis. the obi to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h y in writing of this change.	ee to act in this ca performance of my I for in Chapter 60 ereby confirm tha	pacity. I further agree to comply with the values, and I am familiar with and accept 05, F.S. Or, if this document is being filed the limited liability company has been
	Jefin august		
Signati	ire P Registered Agent Corporation Service Company	BY: Sylvia Que	ppet, Asst. Vice President

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