L11 000045674

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CSC - WILMINGTON
Suite 4:00
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#: 943942/061

Re: STIVESCO GP, 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. N	lame of the limited liability company: STIVESCO GF	, LLC		1 Mary 1980
2. (a)	301 East Las Olas Blvd.	(b)	(b) 301 East Las Olas Blvd.	
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	,	Maili	ng address of limited liability company: ote: MAY BE POST OFFICE BOX)
	Ft. Lauderdale FL 33301		Ft. Lauderda	le, FL 33301
	04/15/2011	_	L1100004567	6
3.	Date of filing/registration in Florida	4.	Doo	cument number
5. (a) Stiles, Terry W			
J. (a	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:	
	301 East Las Olas Blvd.			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
				A SE
	Ft. Lauderdale , FI	L <u>33301</u>		
(b)	Corporation Service Company			JAN 26 RETARY AHASSI
	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	ress:	
	•			AM 8: 43 OF STATE
	1201 Hays Street			85 2
	NEW Registered Office Address:			Ę≓ ω .
				-
	Tallahassee , FI	L 32301		
the chagent was/v the ar	limited liability company is not organized under the language or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited levere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the lature of a member or authorized representative of a member above accept the appointment as registered agent and agreement of all statutes relative to the proper and complete	f the regist iability coro of the limited linited lini	ered office and npany, it is her ted liability co ability compan Priebe, Autho Prie	d the business office of the registered reby confirmed that the change(s) mpany or as otherwise provided in many. orized Person med or typed name of signee
the ol to me notifi	sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ed főr in C hereby co	haptér 605, F. nfirm that the i	S. Or, if this document is being filéa limited liability company has been

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

BY: Grace E. Kirby, Assistant Vice President

Signature of Registered Agent Corporation Service Company