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SECRETARY OF STATE
AND ASSET FLOSINA

JAM 28 20th



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: January 26, 2016

Order#: 950500/029

Re: SOUTH END PARTNERS, 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:Janis M. Smith

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

SEURETARY OF STATE
AND ANASSEE, FLORIDA

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.

Name of the limited liability company: SOUTH END PARTNERS, LLC						
2	(2)	Attn: Robert Esposito	(b)			
۷.	(4)	Principal office address of limited liability company:	_ (0)	Mailing address of limited liability company:		
		(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)		
		301 E. Las Olas Boulevard, 7th Floor				
		Ft. Lauderdale, FL 33301				
		1/30/2012	L1200	0150372		
3.		Date of filing/registration in Florida	4.	Document number		
5.	(a)	Robert Esposito, c/o Stiles Corporation				
		Registered Agent and Registered Office shown on the records of the	e Florida Dept. of	State:		
		301 E. Las Olas Boulevard, 7th Floor				
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)			
			·····			
						
		Ft. Lauderdale , FL	22201			
		Ft. Lauderdale , FL	_33301			
	(b)	Corporation Service Company		— Sin N 「一		
		Enter name of NEW Registered Agent and/or NEW Registered C	Office address:			
				To the state of th		
		1201 Hays Street		SA # D		
		NEW Registered Office Address:		NOA 24		
						
		Tallahassee, FL_	32301			
If	the l	imited liability company is not organized under the law	s of the State of	Florida, it is hereby confirmed that after		
th	e cha	inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial	the registered of	tice and the business office of the registered it is bareby confirmed that the change(s)		
ag Wa	as/w	ere authorized by an affirmative vote of the members of	the limited liab	pility company or as otherwise provided in		
		cles of creanization or the conting agreement of the l				
			Dona Priebe	e, Authorized Person		
_	Signa	tuge of a pember or as the fized representative of a member	Dona : Hob	Printed or typed name of signee		
	4		en to cet in this			
73.1	zmie:	by incept 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 by reflect a change in the registered office wildwars. I h	rertormance at :	my duties, and I am tamiliar with and accept		
no	mer otifie	dy reflect a change in the registered office-indicate, i.b. in writing of this change	етеру сопјігт п	ли те птива навину сотрапу паз вевп		
S	ignatu	re of Registered Agent Corporation Service Company	BY: Sylvia C	Dueppet, Asst. Vice President		

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