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(Address)					
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(Document Number)					
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SCRETARY OF STATE OF

JAN 28 2016

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

Date: January 26, 2016

Order#: 950500/030

Re: SOUTHLINE 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

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.	Na	me of the limited liability company: _SOUTHLINE PA	ARTNERS, LLC		
2.	(a)	Attn: Robert Esposito Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		301 E. Las Olas Boulevard, 7th Floor		· · · · · · · · · · · · · · · · · · ·	
		Ft. Lauderdale, FL 33301	-		
		04/09/2013	L13000	0051688	
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	he Florida Dept. of S	state:	
		301 E. Las Olas Boulevard, 7th Floor			
		Registered Office Address (MUST BE FLORIDA STREET A	- 20 6		
		Ft. Lauderdale , FL_	33301	FILAN 27	
	(b)	Corporation Service Company		_ Free Free Free Free Free Free Free Fre	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office address:	N 27 A II: 43 TARY OF STATE ASSEEL FLORIDA	
		1201 Hays Street			
		NEW Registered Office Address:			
		Tallahassee FI	32301		
th ag wa	e cha ent v as/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of a vill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of creanization or the case ting agreement of the l	es of the State of the registered off bility company, if the limited liability c	fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in	
	Signa	ture of a permber or as resized representative of a member		Printed or typed name of signee	
pr th to	ovisi e obl merc	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igutions of my position as registered agent as provided by reflect a change in the registered office address. I h fin writing of this change	ee to act in this c performance of n I for in Chapter (pereby confirm th	apacity. I further agree to comply with the with and accept of the second of the limited liability company has been	
S	griatu	re of Edgistered Agent Corporation Service Company	BY: Sylvia Qu	ueppet, Asst. Vice President	