## 13000098731

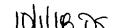
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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: STILES HL,	LLC		
2. (a)	301 E. LAS OLAS BLVD.	(b) 301 E. LAS OLAS BLVD.		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<del>_</del> '	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	FT. LAUDERDALE, FL. 33301	<del>-</del>	FT. LA	UDERDALE, FL. 33301
	JULY 11, 2013	_	L13000	098731
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	CORPORATION SERVICE COMPANY			
J. (u)	Registered Agent and Registered Office shown on the records of	the Florid	ia Dept. of St	ale:
	Registered Office Address (MUST RE FLORIDA STREET) 1201 HAYS STREET	ADDRES	<u>20</u>	<del></del>
	TALLAHASSEE , FL	32301		<del>-</del> -
(b)	STEVEN W. DEUTSCH, ESQ.			
ν-,	Enter name of NEW Registered Agent and/or NEW Registered	Office a	idress:	_
	1875 NW CORPORATE BLVD.			
	NEW Registered Office Address:			<del>-</del>
	SUITE 100	. <u></u>		_
	BOCA RATON , FL	33431		_
the cha agent v was/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liester authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regi ability c of the lin limited	stered office ompany, it nited liabili liability co	ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
Signat	ture of a member or authorized representative of a member	7	0.2.74.1	Printed or typed name of signee
I heret provision the obli to mere notified	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have the provided of this change.	ee to ac perform d for in dereby c	t in this cap cance of my Chapter 60 onfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signatur	te of Registered Agent			
១នោធារា	c or regimeren rigerii			