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COVER LETTER

TO: Registration Section Division of Corporations	.					
SUBJECT: Focus Estero Partners II, LLC Name of Limited Liability Company						
The enclosed Registered Agent/F	Registered Office Change ar	nd fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:						
Cory R. Graef, Esq						
Name of	Person					
Focus Estero Partners II, L	rc					
Firm/Co	mpany					
950 Peninsula Corporate C	ircle Suite 2005					
Addre	38					
Boca Raton, FL. 33487						
City/State as	nd Zip Code					
coryfp@me.com		,				
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Cory R. Graef, Esq	561 at (755-7170 				
Name of Person		Area Code & Daytime Telephone Number				
STREET/COURIER A Registration Section		MAILING ADDRESS: Registration Section				
Division of Corporations	Division of Corporations					
Clifton Building 2661 Executive Center O	P.O. Box 6327 Callahassee, Florida 32314					
Tallahassee, Florida 323		arianassee, i fortua 32314				
Enclosed is a check for the following amount:						
☑ \$25 Filing Fee	٥	\$55 Filing Fee & Certified Copy				

INHS18 (2/14)

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	ame of the limited liability company: Focus Ester	ro Partne	ers II, LLC		
2. (a)	950 Peninsula Corporate Circle	((b) 950 Peninsula Corporate Circle		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Suite 2005		Suite 20	05	
	Boca Raton, FL. 33487		Boca Ra	aton, FL. 33487	
	06/19/2014		L1400009	98829	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Cory R. Graef, Esq				
J. (a)	Registered Agent and Registered Office shown on the records	of the Florid	da Dept. of State	- e:	
	3690 Airport Rd			TAL TAL	
	Registered Office Address (MUST BE FLORIDA STREE) Suite 9	TADDRES	<u>SS)</u>	JUL 27	
	Boca Raton , I	33431		STEPLOS III	
(b)	Enter name of NEW Registered Agent and/or NEW Register 950 Peninsula Corporate Circle	ed Office a	ddress:	PH 1: 22 Y OF STATE NEE, FLORIDA	
	NEW Registered Office Address:			-	
	Suite 2005				
	Boca Raton , I	_{FL} 33487	7	~	
the cha agent v was/wa	imited liability company is not organized under the large or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the reg liability of s of the lind he limited	istered office company, it i mited liabilit liability con	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany.	
~~~	jarj	Je	ffrey A. Gr		
I here provisi the obi to mer notifie	ture of a member or authorized representative of a member by accept the appointment as registered agent and a ions of all statutes relative to the proper and completing of any position as registered agent as provided in the reflect of change in the registered office address, and in writing of this change were of Registered Agent	igree to ac le perfori ded for in I hereby	ct in this cap nance of my Chapter 603 confirm that	Printed or typed name of signee acity. 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	