## US000167206

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					
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		, ;			

Office Use Only



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department of

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#: 950500/043

Re: SREP II, 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: SREP II, LLC				
2	(2)	Attn: Robert Esposito	(b)			
۷.	(a)	Principal office address of limited liability company:		Mailing address of limited liability company:		
		(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)		
		204 E. Lee Olee Benjamed 7th Floor				
		301 E. Las Olas Boulevard, 7th Floor	<del></del>			
		Ft. Lauderdale, FL 33301				
		10/01/2015	L150001	67206		
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 Sta	ite:		
		301 E. Las Olas Boulevard, 7th Floor				
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)	_		
				_		
		Ft. Lauderdale , FL	33301			
		Ft. Lauderdale , FL_	33301	- IS		
				F. <b>6</b>		
	(b) Corporation Service Company			ARE A		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	office address:	JAN 27 WETARY AHASSE		
				S = 7		
		1201 Hays Street		- F = 17		
		NEW Registered Office Address:				
				S 3 5		
				8: 3 STAIL		
				\$ <b>&gt;</b>		
		Tallahassee , FL_	32301	<u></u>		
				_		
If	the i	imited liability company is not organized under the laws	s of the State of F	lorida, it is hereby confirmed that after		
th	e cha	inge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab	ne registered offi	is hereby confirmed that the change(s)		
W	as/w	ere authorized by an affirmative vote of the members of	the limited liabil	ity company or as otherwise provided in		
th	e arti	cles of creanization or the cuerating agreement of the li	imited liability co	ompany.		
			Dona Priebe.	Authorized Person		
_	Signa	ture of a pember or as rized representative of a member		Printed or typed name of signee		
ı	horo	by accept the appointment as registered agent and agree	e to act in this ca	pacity. I further agree to comply with the		
771	rowie:	ions of all statutes relative to the proper and complete p	<i>ertormance of</i> m	v duties, and I am tamiliar with and accept		
the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been						
n	otifie	din writing of this charge	9	,		
	<b>y</b>	Achin my				
S	ignatu	re of Registered Agent Corporation Service Company	BY: Svlvia Ou	eppet, Asst. Vice President		

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