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(Re	equestor's Name)		
(Ai	ddress)		
(Ac	ddress)		
(C)	ty/State/Zip/Phone	- +0	
(C	ity/State/Zip/Prioni	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
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(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			
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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#: 950500/009

Re: S/ELA GP, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

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 CORPORATIONS

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida egistered agent, or both, in the State of Florida.	
	he corporation: S/ELA GP, INC.	sgistered agent, or vont, in the state of Piorida.	
2. The principal	office address: 301 E. Las Olas Bo	ulevard, 7th Floor, Ft. Lauderdale, FL 33301	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 03/23/1999	Document number: P99000026514	
	street address of the current registe tment of State: (If resigned, enter resigned)	red agent and registered office on file with the signed)	
	Robert Esposito		
	301 E. Las Olas Boulevard, 7th Floor		
	Ft. Lauderdale, FL 33301		
6. The name and (if changed):	street address of the new registered	l agent (if changed) and /or registered office	
	Corporation Service Company	933 2 F	
	1201 Hays Street		
	P.O. Box Tallahassee	K NOT acceptable FL 32301	
The street addre	ess of its registered office and the st	treet address of the business office of its registered agent,	
Such change was authorized by th	is authorized by resolution duly add the board, or the corporation has bee	opted by its board of directors or by an officer so in notified in writing of the change.	
gnatu	re of the licer or director	Dona Priebe, Vice President  Printed or typed name and title	
I further agree to performance of agent. Or, if the hereby confirm	my duties, and I am familiar with a	statutes relative to the proper and complete and accept the obligation of my position as registered preflect a change in the registered office address. I	
By: Sefue	nature of Registered Agent	01/21/2016	
- 3	half of an entity:	Date	
0 0	, Asst. Vice President		
	yped or Printed Name		

\* \* \* FILING FEE: \$35.00 \* \* \*