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FILED

SECRETARY CONSTAINE

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TRANSMITTAL LETTER

• Division of Corporations		
SUBJECT: ASTERTON HOCDINGS LLC (Name of corporation)		
DOCUMENT NUMBER: 602000023578		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
NATHAN BERMAN (Name of person)		
CORPORATE SOLUTIONS LLC (Name of firm/company) 520 BRICKELL KEY DR #1403 (Address)	03	
520 BRICKELL KEY DR #1403	01 A33	1
MIAMI F(3313) (City/state and zip code)	30 8 M	
For further information concerning this matter, please call:	8	
NATHAN BERMAN OF 305 494-1698		

Enclosed is a \$35.00 check made payable to the Department of State.

(Name of person)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

(Area code & daytime telephone number)

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: ASTERTON HOLDINGS LLC.
2. The mailing address of the limited liability company is: 520 BRICKELL KEY DR:
M/AMI F(3313)
9/11/02 60200023,578
M/AMi F(3313) 9/11/02 2. The manning address of the infinited hability company is: 500 parts well a
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
CORPORATION SERVICE COMPANY
Name /201 HAYS STIZEET Address TALLAHASSEE, FI 3230/ City, State and Zhp
Address C(2 2 3 of
City, State and Zip
6 The name and address of the new registered great and/or office.
CORPORATE SOLUTIONS CE TO BRICKELL KEY DE TOUR BOUTONS BOUTON
520 BRICKELL KEY OR IM
MIAMI FL 3313/
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
(Signature of a member or authorized representative of a member)
(Printed or typed name of signee)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. Signaturely Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

(10/99) FILING FEE: \$25.00