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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : GOLDBERG BATES, PLLC  
Account Number : I20070000134  
Phone : (407) 893-3776  
Fax Number : (407) 893-3779

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE

ASHLEY TOWER, LLC

Certificate of Status	0
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MA. Thomas APR - 9 2008

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ashley Tower, LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jodi Jaiman  
(Name of Person)

Soone Business Development, Inc.  
(Firm/Company)

3650 Maguire Blvd., Suite 103  
(Address)

Orlando, FL 32803  
(City/State and Zip Code)

For further information concerning this matter, please call:

Rachel Farber at (407) 893-3774  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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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 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: Ashley Tower, LLC

2. The mailing address of the limited liability company is : 2875 S. Orange Ave., Suite 500

Orlando, FL 32806

3. Date of filing/registration in Florida 4/8/08 4. Document number L05000034670

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Corporate Creations Network, Inc.  
Name  
11380 Prosperity Farms Rd. #221E  
Address  
Palm Beach Gardens, FL 33410  
City, State and Zip

6. The name and address of the new registered agent and/or office:

Bates Mokwa, PLLC  
Name  
3660 Maguire Blvd., Suite 102  
Florida street address (P.O. Box NOT acceptable)  
Orlando FL 32803  
City, State and Zip

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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.

*Jodi Jaiman, Authorized Agent*  
(Signature of a member or authorized representative of a member)

Jodi Jaiman  
(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.*

[Signature]  
(Signature of Registered Agent)

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