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COVER LETTER

TO: Registration Section Division of Corporations		
The Ashlar Group LLC		
	e of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offic	re Change on	d fee(s) are submitted for filing
	•	•
Please return all correspondence concerning this	matter to the	c following:
Meghan Dressler		
Name of Person		Novelender t
The Ashlar Group LLC		
Firm/Company		 -
135 West 29th Street, Suite 1102		
Address		
New York, NY 10001		
City/State and Zip Code		******
meghan.dressler@thepgcgroup.com		
E-mail address: (to be used for future annu	al report noti	fication)
For further information concerning this matter, p	lease call:	
Meghan Dressler	646	961-4921
Name of Person	_ 41 (Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following a	mount:	
■ \$25 Filing Fee	□ \$:	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.

l Na	ame of the limited liability company: The Ashlar (Group LLC		
2. (a)	135 West 29th Street Suite 1102	(b) ¹	(b) 135 West 29th Street, Suite 1102	
	Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company. (Note: MAY BE POST OFFICE BOX)	
	8/12/10	 L1	0000084500	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Corporation Service Company			
. ()	Registered Agent and Registered Office shown on the records of	the Florida De	pt. of State:	
	1201 Hays Street			
	Registered Office Address (MUST RE FLORIDA STREET	ADDRESS)	,	
			. T∧s	
	Tallahassee	32301	ECR LLA MA	
			ー ・ ・ に に に に に に に に に に に に に	
(b)	InCorp Services, Inc.			
	Enter name of NEW Registered Agent and/or NEW Registered	Office addres	" <u>♀</u> 們o;	
	17888 67th Court North		15. S.	
	NEW Registered Office Address:	عد سنو، بخور منیستان استوان استوان میرود سویده استوان به بخرین	TATE ORIDA : 09	
	Loxahatchee	22470		
	, FL	33470	Makey v	
ie chai gent w /as/we:	mited liability company is not organized under the law inge or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited his re authorized by an affirmative vote of the members of eles of of ganization or the operating agreement of the	the registere ability composit the limited limited liabi	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in	
Signatu	tre of a member of authorized representative of a member		Printed or typed name of signee	
hereb rovisió he oblip merel otified	y accept the appointment as registered agent and agrams of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a shange in the registered office address, I have in writing of this change.	performance I for in Chap ereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept oter 605, F.S. Or, if this document is being filed on that the limited liability company has been	

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