

## Florida Department of State

Division of Corporations Public Access System

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## REGISTERED AGENT CHANGE

MTCH EAST COAST HOLDINGS OF FLORIDA, INC.

AM 8: 00	OF STATE E. FLORIDA
008 OCT 24	SECRETARY QLL AHASSEI

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida Statutes, this n organized under the laws of the State of California 📙
		r registered agent, or both, in the State of Florida.
		AST HOLDINGS OF FLORIDA, INC.
2, The principal	office address: 3 EMBARCAD	ERO CENTER, 550, SAN FRANCISCO, CA 94111
3. The mailing a	address (if different): 15210 S 50	TH ST, 180, PHOENIX, AZ 85044
4. Date of incor	poration/qualification: 4/11/2001	Document number: F01000002070
5. The name and Florida Depart	d street address of the current regis rtment of State: (If resigned, enter	ntered agent and registered office on file with the resigned)
	CORPDIRECT AGENTS	<b>基料 息  小</b>
	515 E. PARK AVE.	resigned)  TALLAHASS
	TALLAHASSEE FL 32301	us SSA
6. The name and (if changed):	street address of the new register	ed agent (if changed) and /or registered office
	CTC	prporation System
		stem, 1200 South Pine Island Road
	(P.O. Box NOT a	ecopuble) ion, Floridu 33324
The street addre	ss of its registered office and the be identical.	street address of the business office of its registered agent,
Such change wa authorized by th	s authorized by resolution duly a se board, or the corporation has b	dopted by its board of directors or by an officer so seen notified in writing of the change.
gu DA	Je chan officer or deroctor)	Jill Duffy-Baricovich, Secretary
hereby accept further agree to further agree to further agree to further agree focument is beli focument is beli focument is beli focument is beli focument is beli further agreement agreement in the second focument is believed.		(PINITED OF typed Name and title) tent and agree to act in this capacity. all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this te in the registered office address, I hereby confirm that the hange.
By: Mas U	Vail	10/22/2008
U(Sia	nature of Registered Agent)	(Date)
ı sıgnıng on böl	half of an entity:	
CT.	Megan Ware yped or Printed Name)	
ν.		YG FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL. 32314 CR2E045 (8/05)

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