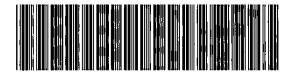
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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
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(Document Number)						
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SECRETARY OF STATE

D. BRUCE

MAY 20 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporation	18						
SUBJ	ECT:	at B and A,	LLC					
		Name of Limit	ed Liabili	ity Company				
Dear S	Sir or Madam:							
The er	nclosed Registered Agen	/Registered Office	Change	and fee(s) are	submitted f	for filing	1•	
Please	return all correspondence	e concerning this	matter to	the following:	:			
	Scott Worley			_				
	Name of Po	rson						
	Northstar Holdings			_				
	Firm/Comp	any						
	1732 S Congres	s Ave. Ste 335				TAL	0	
	Address			_		LA K	9₩	
Palm Springs, FL 33461-2140 City/State and Zip Code				_		ETARY OF	9 HAY 19 AMII: 46	1
scott@northstarhomesfl.com E-mail address: (to be used for future annual report notifical			tion)	_		FLORIDA	91:11H	, כ
For fu	ther information concern	ning this matter, pla	ease call:					
	Scott Worley	at (_	<u>56</u> 1)	638-6270			
	Name of Person		A	Area Code & Dayti	me Telephone l	Number		
	STREET/COURIER AI Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, Florida 3230	rcle	Regi Divi: P.O.	ILING ADDRI stration Section sion of Corpora Box 6327 ahassee, Florida	n utions			
	Enclosed is a check for	the following am	ount:					
\$25 Filing Fee \$ \$ \$ \$			\$55	Filing Fee &	Certified C	Сору		

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.

Name of the limited liability company:	orthstar Holdings at B and A, LLC
2. (a) Principal office address of limited liability comp	pany: 1732 S Congress Ave, Ste 335
(<u>Note: MUST BE STREET ADDRESS</u>)	Palm Springs, FL 33461-2140
(b) Mailing address of limited liability company:	1732 S Congress Ave, Ste 335
(Note: MAY BE POST OFFICE BOX)	Palm Springs, FL 33461-2140
05/14/09	L03000006488
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
Registered Agent:	Scott Worley
Registered Office Address:	14901 S Military Trail
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address:
	1723 S Congress Ave 5
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1732 S Congress Ave 5
	Palm Springs ,FL 33461-2140
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as off or the operating agreement of the limited liability company or as office of a member or authorized representative of a member	the Florida street address of the registered office dentical. Or, in the case of a Florida limited type was/were authorized by an affirmative vote therwise provided in the articles of organization
Scott Worley	
Printed or typed name of signee I hereby accept the appointment as registered agent ar comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address I hereby confirm that the limited liability compositions of Registered Agent	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in merely reflect a change in the registered office cany has been notified in writing of this change.

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

INHS18 (05/08)