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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : URS AGENTS LLC Account Number : 120158000127 Phone : (800)567-4397

Fax Number : (800)567-4398

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: sbrewer@annualregistration.com

2017 SEP 2g

LLC REGISTERED AGENT CHANGE ASHAR GROUP, LLC

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COVER LETTER

| | distration Section ision of Corporations | | | |
|----------------------|--|-------------------|--|--|
| SUBJECT: | ASHAR GROUP, LLC | | | |
| ooper. | Name of Limited Liability Company | | | |
| Dear Sir or | Madam: | | | |
| The enclose | ed Registered Agent/Registered Offic | e Change and t | fee(s) are submitted for filling. | |
| Please retu | mall correspondence concerning this | ; matter to the f | ollowing: | |
| CHRIST | EN KUHLMAN . | | | |
| | Name of Person | | | |
| ASHAR | GROUP, LLC | | | |
| | Firm/Company | | | |
| 1800 PE | MBROOK DRIVE, SUITE 240 | | | |
| | Address | | | |
| ORLAND | DÓ, ÉL 32810 | | | |
| | City/State and Zip Code | | internal Control of the Control of t | |
| | @annualregistration.com | | | |
| E-ma | il address: (to be used for future ann | ual report notif | ication) | |
| For further | information concerning this matter, | please call: | | |
| URS Age | ents C/O Kanetha Bishop | at (800 | 567-4397 | |
| | Name of Person | | Area Code & Daytime Telephone Numbe | |
| Re Di Cl 26 | FREET/COURIER ADDRESS: egistration Section evision of Corporations effon Building 61 Executive Center Circle eliahassee, Florida 32301 | Re Di P.C | AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314 | |
| Eı | aclosed is a check for the following | emount: | | |
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STATEMENT OF CRANGE 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.

| 1. N | ame of the limited liability company: ASHAR GRO | JUP, LLC | | | |
|---|--|--|---|--|--|
| 2. (a) | | (b) | | | |
| | ORLANDO, FL 32810 | | RLANDO, FL 32810 | | |
| | 10/08/2003 | LO | 3000038296 | | |
| 3. | Date of filing/registration in Florida | _ _{4.} | Document number | | |
| | Registered Agest and Registered Office shows on the records of CORPORATION SERVICE COMPANY Registered Office Address | · · · · · · · · · · · · · · · · · · · | pt of State: | | |
| | TALLAHASSEE | L 32301 | > P.3 | | |
| ` 'ζb | Emer name of NEW Registered Agent and/or NEW Registers URS AGENTS, LLC | d Office address | 228 | | |
| | NEW Registered Office Address: | | | | |
| | 3458 LAKESHORE DRIVE | | | | |
| | TALLAHASSEE .F | L 32312 | 20 | | |
| agent was/v | Ilmited liability company is not organized under the lange or changes are made, the Plorida street address of will be identical. Or, in the case of a Florida limited liwere authorized by an affirmative vote of the members ricles of organization or the operating agreement of the | aws of the Sta of the register liability comp of the limited in limited liab | ted office and the business office of the registered many, it is hereby confirmed that the change(s) dishility company or as otherwise rewided to | | |
| Sylv | wing of a member of arruptized tebicseriative of a member | | Printed or typed name of signed | | |
| I her provi the ou to me notifi | eby accept the appointment as registered agent and as sions of all statutes relative to the proper and complet bligations of my position as registered agent as provid rely reflect a change in the registered office address, i ed in writing of this change. | rree to act in e performanc led for in Cha I hereby canfi | this capacity. I further agree to comply with the e of my duties, and Lam jamiliar with and accept gier 505, F.S. Or, if this document is being filed irm that the limited liability company has been | | |
| <u>*</u> | Nite of Registered Agent | | | | |

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