103000045997

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

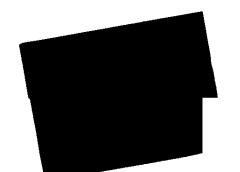


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D. BRUCE
OCT 0.7 2008
EXAMINER



Office Use Only

A	COVER LETTER		
TO: Registration S			
Division of C	orporations		
CIDIFOT.	Aster Comme	ns 110	
SUBJECT:	(Name of	いら」	
Dear Sir or Madam:			
The enclosed Registe	ered Agent/Registered Off	ice Change and fee(s) are submitted	for filing.
Please return all corr	espondence concerning th	is matter to the following:	
Teffrey	A. Graef		
<u> </u>	(Name of Person)		
	(Firm/Company)		
	•	C 11 -	7.
7450 Aven	ida Del Mar, C (Address)	Suite 2002	08 OCT -6 MH II: 48 SECRETARY OF STATE ALLAHASSEE, FLORIDA
			OCT ETAR HASS
Boca Raton Florida 33433 (City/State and Zip Code)			
(-	ney round and hip code)		STA LOR
For further information concerning this matter, please call:			
_			
Jeffrey A.	<u>Graef</u> se of Person)	at (561) 988 - 9323 (Area Code & Daytime Telepho	one Number)
(r vann	of reisony	(Area Code & Daytime Telepin	one Number)
	URIER ADDRESS:	MAILING ADDRESS:	
Registration Se Division of Co		Registration Section	
Clifton Buildir		Division of Corporations P.O. Box 6327	
2661 Executive	e Center Circle	Tallahassee, Florida 32314	
Tallahassee, Fi	lorida 32301		
Enclosed is a	check for the following	amount:	

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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. Name of the limited liability company:Aster	Commons, LLC			
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)				
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	7450 Avenida Del Mar Suite 2002 Boca Raton, Florida 33433			
Movember 19, 2003 3. Date of filing/registration in Florida	L03000045997 4. Document number			
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:			
Registered Agent:	Glazer Eric L. A.F. 8			
Registered Office Address:	2300 Corporate Giva on F Suite 232 Boca Raton Florida \$3401			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address: 50 Settrey A. Graef			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)				
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.				
(Signature of a member or authorized centresentative of a member) Jeffvey A. Graef (Printed or typed name of signee)				
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my positions. Or, if this accument is being filed to merely reflect confirm that the limited liability company has been notification.	d agree to act in this capacity. I further agree to proper and complete performance of my duties, and I ion as registered agent as provided for in Chapter 608, a change in the registered office address, I hereby fied in writing of this change.			
(Signature of Regulatered Agent)	00 6227 Tollohoon EU - 2224 4			
Division of Corporations, P.O. B	ox osz/, Taliahassee, FL 32314			

FILING FEE: \$25.00

INHS18 (05/08)