

**LD300047039**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : CHARLES BACLET AND ASSOCIATES INC  
Account Number : 120080000054  
Phone : (949) 955-9585  
Fax Number : (800) 562-6504

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

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
AAS MANAGEMENT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	<del>\$35.00</del>

**\$25.00**

**C. LEWIS**

**DEC 31 2009**

**EXAMINER**

**RECEIVED**

**09 DEC 30 AM 6:26**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

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**2009 DEC 30 AM 9:41**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DEC-29-2009 14:43 FROM:

9499559590

TO: 850 617 6381

P.2/3

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AAS Management, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicole Parnell

Name of Person

Charles Baclet and Associates, Inc.

Firm/Company

2875 Michelle Drive, Suite 100

Address

Irvine, CA 92606

City/State and Zip Code

nparnell@cbaclet.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Parnell

Name of Person

at ( 949 )

955-9585

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: AAS Management, LLC

2. (a) Principal office address of limited liability company: c/o NRAI Services, Inc.

☒ (Note: **MUST BE STREET ADDRESS**) 2731 Executive Park Drive, Suite 4  
Weston, FL 33331

(b) Mailing address of limited liability company: c/o NRAI Services, Inc.

☒ (Note: **MAY BE POST OFFICE BOX**) 2731 Executive Park Drive, Suite 4  
Weston, FL 33331

11/20/2003 L03000047039  
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: Paracorp Incorporated

Registered Office Address: 236 East 6th Avenue  
Tallahassee, FL 32303

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:** NRAI Services, Inc.

**NEW Registered Office Address:** 2731 Executive Park Drive  
Suite 4  
Weston, FL 33331

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 representative of a member

Stephen R. Kaplan

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent Jose Castellanos, Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00