L08000104792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

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B. KOHR

MAY 2 1 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____ Change of Mailing Address _____
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:

PABLO A. PENUELA
Name of Person

ASHBURRY COMMERCIAL LLC
Firm/Company

1000 BRICKELL AVE. STE 640
Address

MIAMI, FL 33131
City/State and Zip Code

PABLO@VELMAT.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PABLO A. PENUELA _____ at (__305__) _____ **7762228** _____
Name of Person   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

INHS18 (5/08)

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: **ASHBURRY COMMERCIAL LLC**

2. (a) Principal office address of limited liability company: **201 S BISCAYNE BLVD**

   (*Note: **MUST BE STREET ADDRESS***)   28TH FLOOR
   MIAMI, FL 33131

   (b) Mailing address of limited liability company: **1000 BRICKELL AVE. STE 640**

   (*Note: **MAY BE POST OFFICE BOX***)   MIAMI, FL 33131

   ___11/10/2008___   ___L08000104792___

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: PABLO A. PENUELA

   Registered Office Address: 201 S. BISCAYNE BLVD
   28TH FLOOR
   MIAMI, FL 33131

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

   NEW Registered Agent: NA

   NEW Registered Office Address: NA
   (MUST BE FLORIDA STREET ADDRESS)
   _____ ,FL_____

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

Pablo . A Penuela
_____
Printed or typed name of signee

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

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

INHS18 (05/08)