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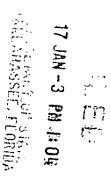
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## COVER LETTER

TO:	Registration Section		
	Division of Corporations		

Aspen Facility Services 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:

Christopher Fond Name of Person

Aspen Faculty Services, LLC
Firm/Company

2722 Hampton Circle South

Delray Boh, Fr. 33445 City/State and Zip Code

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

For further information concerning this matter, please call:

Christopher Fold at (561) 702-1779

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 (2/14)

# STATEMENT OF CHANGE 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. Name of the limited liability company: As pen Fac	uldy Services LC
2. (a) Aspen Faculty Serves UC Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) Aspen Faculty Sem (CC)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
2722 Hampton Cir S	2722 Hampton Cir S
Delray Boh, Fr 33445	Delray Bch, F2 33445
08/03/2009	L09000073977
3. Date of filing/registration in Florida	4. Document number တွင်း ငံ 🛴
5. (a) Acpen Faculty Services LL Registered Agent and Registered Office shown on the records of the B	C Florida Dept. of State:
Christopher Foll	
Registered Office Address (MUST BE FLORIDA STREET ADD	ORESS)
2722 Hampton Circles	
Delray Boh ,FL_	33445
(b) Aspen Focusty Services LL Enter name of NEW Registered Agent and/or NEW Registered Off	ice address:
Christopher Ford	
NEW Registered Office Address:	
2722 Hampton Circle S	
Delvay Boh .FL	32445
If the limited liability company is not organized under the laws of the change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited liabil was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the limited liability.	e registered office and the business office of the registered lity company, it is hereby confirmed that the change(s) he limited liability company or as otherwise provided in
Cik	Christopher Fond Printed or typed name of signee
Signature of a member or authorized representative of a member	••
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per the obligations of my position as registered agent as provided for merely reflect a change in the registered office address, I her notified in writing of this change.	to act in this capacity. I further agree to comply with the rformance of my duties, and I am familiar with and accept or in Chapter 605, F.S. Or, if this document is being filed eby confirm that the limited liability company has been
Signature of Registered Agent	