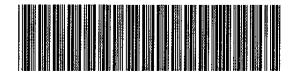
## L090000084506

(Re	equestor's Name)				
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	<b>⇒</b> #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	cument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer				
	r ming officer.				

Office Use Only



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2012 APR -6 AM 8: 45

J. SAULSBERRY EXAMINER

APR 6 2012

## **COVER LETTER**

TO:	Registration Section Division of Corporations						1	
SUBJ	SUBJECT: Association Services Group, LLC  Name of Limited Liability Company							
Dear S	Sir or Madam:							
The er	nclosed Registered Agent/R	egistered Office	Change	and fee(s	) are submitted for	r filing.		
Please	return all correspondence	concerning this n	natter to	the follow	ving:			
	James L. Bre	edlove						
	Name of Perso							
	Slaton Insu			_		(SEC) TALLA	2012 /	
	5713 Corpora	te Way	· · · · · · · · · · · · · · · · · · ·	_		RETARÝ OF HASSEE,	2012 APR -6 A	
	West Palm Beach			_	,	STATE: FLORIDA	AM 8: 45	-
E-	Ibreedlove@slatonris	kservices.com annual report notificati	ion)	_				
For fu	rther information concerning	g this matter, ple	ease call	<b>:</b> •	•			
	Anna Carter	at (_	561	_)	683-8383	<del> </del>	<del></del>	
	Name of Person			Area Code &	Daytime Telephone Nu	umber		
	STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, Florida 32301		Reg Div P.C	. Box 6327	ection orporations			
	Enclosed is a check for t	he following am	ount:					
	\$25 Filing Fee		S5	5 Filing F	Fee & Certified Co	ру		

## 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.

Name of the limited liability company:As	ssociation Services Group, LLC
2. (a) Principal office address of limited liability comp	any: 5713 Corporate Way
(Note: MUST BE STREET ADDRESS)	West Palm Beach, FL 33407
(b) Mailing address of limited liability company:	5713 Corporate Way
(Note: MAY BE POST OFFICE BOX)	West Palm Beach, FL 33407
3. Date of filing/registration in Florida	L 090000 8450Lp  4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
Registered Agent:	Corporation Service Company
Registered Office Address:	PO Box 13397 Philadelphia, PA 19101
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>N</b>	NEW Registered Office address:
NEW Registered Agent:	James L. Breedlove
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	West Palm Beach FL-33-422
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change of the members of the limited-liability company-or as of or the operating agreement of the limited liability company.	e Florida street address of the registered office
Signature of a member or authorized representative of a member	
James L. Breediove Printed or typed name of signee	<del></del>
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S./Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.

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

Signature of Registered Agent