

L 09000120808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

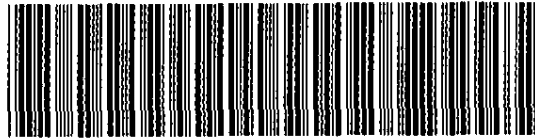
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

DEC 22 2011

EXAMINER



300214657423

12/22/11--01004--024 \*\*25.00

RECEIVED  
11 DEC 22 PM 12:15  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 DEC 22 PM 3:32



**Wolters Kluwer**  
Corporate Legal Services

## CT Corporation

1203 Governors Square Blvd.  
Suite 101  
Tallahassee, FL 32301-2960

850 222 1092 tel  
850 222 7615 fax  
www.ctcorporation.com

December 21, 2011

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 DEC 22 PM 3:32

Re: Order #: 8336804 SO  
Customer Reference 1: None Given  
Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Ashton Point GP LLC (FL)  
Change of Agent  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
Connie.Bryan@wolterskluwer.com

**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: ASHTON POINT GP LLC

2. (a) Principal office address of limited liability company:

247 N. WESTMONTE DRIVE

**(Note: MUST BE STREET ADDRESS)**

ALTAMONTE SPRINGS FL 32714

(b) Mailing address of limited liability company:

247 N. WESTMONTE DRIVE

**(Note: MAY BE POST OFFICE BOX)**

ALTAMONTE SPRINGS FL 32714

12/21/2009

L09000120808

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:

TERRY W. COSTOLO, ESQUIRE

Registered Office Address:

301 EAST PINE STREET, SUITE 1400

GRAY ROBINSON, P.A.

ANDOVER FL 32801

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

**NEW** Registered Agent:

C T Corporation System

**NEW** Registered Office Address:

1200 South Pine Island Road

**(MUST BE FLORIDA STREET ADDRESS)**

Plantation, FL 33324

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.

Kristin Bolden  
Signature of a member or authorized representative of a member

Kristin Bolden, Manager

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.*

By:

James M. Halpin  
Signature of Registered Agent

**James M. Halpin**

Assistant Secretary

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

**FILING FEE: \$25.00**