

U10000084500

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

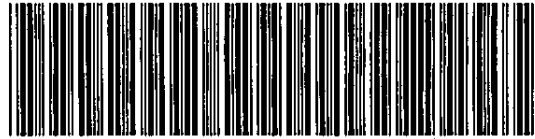
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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JAN 03 2017

S. YOUNG

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16 DEC 30 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REGISTERED AGENT  
SOLUTIONS INC**

**Corporate Office**  
1701 Directors Blvd.  
Suite 300  
Austin, TX 78744

(888) 705-7274    **Phone**  
(888) 706-7274    **Fax**  
[www.rasi.com](http://www.rasi.com)    **Web**

December 23, 2016

Registration Section  
Division of Corporations  
Clifton Building - 2661 Executive Center Cr,  
Tallahassee, FL 32301

RE:    Statement of Change of Registered Office

To Whom It May Concern:

Enclosed please find the following for filing with the Florida Division of Corporations:

- One original and one copy of the Statement of Change of Agent form.
- Filing fee of \$25.00 enclosed.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned. If you have any questions regarding this filing, feel free to contact the undersigned directly at (888)705-7274.

Sincerely,

Mary Castillo  
Registration Specialist  
Registered Agent Solutions, Inc.

FILED  
STATE OF FLORIDA  
TALLAHASSEE  
16 DEC 30 PM 4:05

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT: THE ASHLAR GROUP 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:

**Phillip Karnell**

Name of Person

**Registered Agent Solutions, Inc.**

Firm/Company

**1701 Directors Blvd, Suite 300**

Address

**Austin, TX 78744**

City/State and Zip Code

**notices@rasi.com**

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

For further information concerning this matter, please call:

**Phillip Karnell**

Name of Person

**888**

**705-7274**

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)

16 DEC 30 PM 4: 05

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: THE ASHLAR GROUP LLC

2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

135 WEST 29TH STREET SUITE 1102  
NEW YORK, NY 10001

(b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

135 WEST 29TH STREET SUITE 1102  
NEW YORK, NY 10001

08/12/2010

3. Date of filing/registration in Florida

L10000084500

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

VCORP SERVICES, LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5011 SOUTH STATE ROAD 7 SUTIE 106  
DAVIE, FL 33314

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

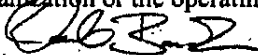
Registered Agent Solutions, Inc.

NEW Registered Office Address:

155 Office Plaza Dr., Suite A

Tallahassee, FL 32301

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.



Danilo Bandovic

Signature of a member or authorized representative of a member

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 605, 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

Phillip Karnell  
Assistant Secretary

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 DEC 30 PM 4:05