

L14000047309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

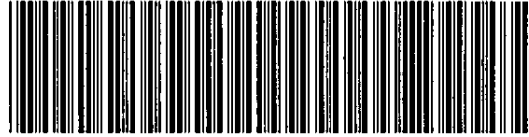
(Business Entity Name)

(Document Number)

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

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200274268892  
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FILED  
15 JUN 24 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 2 2015

1:56PM EDT

# VCORP SERVICES, LLC

June 22, 2015

Department of State  
Registration Section of Division of Corporations  
2661 Executive Circle  
Tallahassee, FL 32301

Re: Change of Agent Submissions  
ASRR INTERNATIONAL, LLC  
ASRR GLOBAL CORP

Dear Examiner:

Please file the attached Registered Agent/Registered Office Change for two entities. They are:

ASRR INTERNATIONAL, LLC  
ASRR GLOBAL CORP

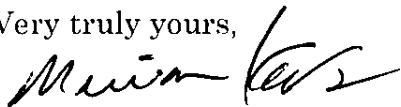
Checks for the required filing fees has been enclosed.

Should there be an error on the attached please contact me ASAP at the info below.

Please fax confirmation of filing to 845-818-3588, if available. If not, please email to the address listed below, or use the enclosed self-addressed envelope.

Thank you for your attention to this matter.

Very truly yours,



Miriam Katz

Email: mkatz@vcorpservices.com

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ASRR INTERNATIONAL, 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:

Miriam Katz

Name of Person

Vcorp Services

Firm/Company

25 Robert Pitt Dr., Ste 204

Address

Monsey, NY 10952

City/State and Zip Code

mkatz@vcorp-services.com

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

For further information concerning this matter, please call:

Miriam Katz

at ( 845 ) 425-0077

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

**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: ASRR INTERNATIONAL, LLC
2. (a) 261 Madison Avenue, 27th Floor  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
New York, NY 10016
- (b) 261 Madison Avenue, 27th Floor  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
New York, NY 10016

3. 03/21/2014  
Date of filing/registration in Florida
4. L14000047309  
Document number

5. (a) LIMITED AGENT SERVICES, LLC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1111 BRICKELL AVE, SUITE 2200  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Miami, FL 33131

- (b) VCORP SERVICES, LLC  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

5011 SOUTH STATE ROAD 7, SUITE 106

NEW Registered Office Address:

DAVIE, FL 33314

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.

**Authorized Person**

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.

VCORP SERVICES, LLC, Minimtarz  
Signature of Registered Agent

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

FILED  
15 JUN 24 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA