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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 FFB - 3 PM 2: 08

FEB 0 9 2015 T. CARTER

## 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.

2. (a)	ame of the limited liability company: ASUR & PA		(b)		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· · · · · ·		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	:
	7950 NW 53rd Street, Suite 337		7950 N	IW 53rd Street, Suite 337	
	Miami, FL, 33166	<u>.</u>	Miami,	FL, 33166	
	April 21st, 2014		L140000	064319	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Fabien Paroutaud				
(-,	Registered Agent and Registered Office shown on the records o	f the Flori	ia Dept. of Sta	ate:	
	•			<u> </u>	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>(33)</u>		
	6063 SW 18th Street, Suite 103			- <b>5</b> P	32
	Miami , F	L_3343	3		-02
(b)	Jonathan Aserraf/Offix Solutions			— — — — — — — — — — — — — — — — — — —	TARY
, ,	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	ddress:	PM 2:	107 307 107 307
	NEW Registered Office Address:			- 08 2 	E E
	7950 NW 53rd Street, Suite 337				
	Miami , F	<sub>L</sub> 33166	5		
he cha agent v was/we	mited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the reg iability of of the lin	istered office company, it in ited liability	ce and the business office of the regis is hereby confirmed that the change(s ity company or as otherwise provided	tered s)
Fab	ien Paroutaud	Fa	bien Paro	outaud	
Signat	ure of a member or authorized representative of a member	-		Printed or typed name of signee	
I herei provisi the obli to mere	by accept the appointment as registered agent and agons of all statutes relative to the proper and completing its statutes of a registered agent as providely reflect a change in the registered office address, I in writing of this change	ree to ac e perforn ed for in hereby c	ct in this cap nance of my Chapter 60 confirm that	pacity. I further agree to comply with duties, and I am familiar with and ac 15, F.S. Or, if this document is being j t the limited liability company has bee	n th cce file en

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

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Signature of Registered Agent