M04000002489

(Re	questor's Name)		
(Address)			
(Ad	dress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL .	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			





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ZOINFEB IN AMO: 07
SECRETARY OF STATE

FEB 1 7 2013 T. HAMPTON



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper acasper5@cscinfo.com

Date: February 12, 2014

Order#: 964083-160

Re: ASTAR ASB FL5, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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. Na	me of the limited liability company: ASTAR ASB FL5	, LLC
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
06/24	/2004	M04000002489
3. Da	ite of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
	Registered Agent:	C T CORPORATION SYSTEM
	Registered Office Address:	1200 SOUTH PINE ISLAND ROAD
		PLANTATION FL 33324
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	V Registered Office address: Corporation Service Company
	NEW Registered Office Address:	1201 Hays Street
(MUST BE FLORIDA STREET ADDRESS)		Tallahassee ,FL 32301
confir and the liabilithe m the op	limited liability company is not organized under the lamed that after the change or changes are made, the Flate business office of the registered agent will be identity company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise perating agreement of the limited liability company.	orida street address of the registered office
Signatu	the first a member of authorized representative of a member	
	a Priebe, Authorized Person I or typed name of signee	
I here comp and I Chap addre By:	eby accept the appointment as registered agent and a ly with the provisions of all statutes relative to the proau am familiar with and accept the obligations of my poster 605, F.S. Or, if this document is being filed to ments, thereby confirm that the limited liability company where of Repistered Agent Corporation Service Company	per and complete performance of my auties, sition as registered agent as provided for in rely reflect a change in the registered office
- · E · · · d · ·	Corporation Service Company	5,1114 Quepper, 135154411 1100 i resident