M0400000249/

(Reque	stor's Name)		
(Addres	s)		
(Addres	s)		
(City/St	ate/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



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2014 FEB 14 AM 10: 09
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 casper5@cscinfo.com

Date: February 12, 2014

Order#: 964083-166

Re: ASTAR ASB FL8, 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. Name of the limited liability company: ASTAR ASB F	L8, LLC		
2. (a) Principal office address of limited liability compart (<i>Note: MUST BE STREET ADDRESS</i>)	oany: 1114 AVE. OF AMERICAS		
(MICSI DE SINCEI ADDRESS)	NEW YORK	N\ 10036	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
06/24/2004	M04000002491		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown or	n the records of the Flori	da 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 Registered Agent</u> :	Corporation Service Co	·	
NEW Registered Office Address:	1201 Hays Street		
(MUST BE FLORIDA STREET ADDRESS)	Tällahassee	,FL_32301	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the cand the business office of the registered agent will be identiability company, it is hereby confirmed that the change (signature of the limited liability company or as otherwishe operating agreement of the limited liability company. Signature of a marker or admirized representative of a member Dona Priebe, Authorized Person Printed or typed name of signee	Florida street address of ntical. Or, in the case of s) was/were authorized by vise provided in the artic	the registered office a Florida limited by an affirmative vote of eles of organization or SECRETARY E	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 605, F.S. Or, if this document is being filed to maddress, thereby confirm that the limited liability compaints. By: Signature of Registered Agent Corporation Service Company	agree to act in this capa roper and complete perf osition as registered ag verely reflect a change in ny has been notified in w Sylvia Queppet, Assis	rrung ogrms enange.	
- Corporation Service Company	271119 Anchher' W2212	maint vice i restuciit	

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