M04000002495

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

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SECRETARY OF STATE ALLAHASSEE, FLORID

2014 FEB 14 AM 9: 56



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#: 964083-150

Re: ASTAR ASB FL1, 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. 1	Var	ne of the limited liability company: ASTAR ASB FL1, LLC		
2. (a)	Principal office address of limited liability company: c/o Istar Financial Inc.		
		(Note: MUST BE STREET ADDRESS)	1114 Avenue of the Americas, 39th Street	
			New York, NY 10036	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
06/24	/200	4	M04000002495	
3. I	Dat	e of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			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>NEV</u>	V Registered Office address:	
		NEW Registered Agent:	Corporation Service Company	
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	
		MUST BE PLORIDA STREET ADDRESS	Tallahassee ,FL 32301	
con and liab the the Signa	firr the ilit me ope	imited liability company is not organized under the limed that after the change or changes are made, the Flee business office of the registered agent will be identify company, it is hereby confirmed that the change(s) imbers of the limited liability company or as otherwise rating agreement of the limited liability company. The Authorized Person or typed name of signee The Authorized the appointment as registered agent and a with the provisions of all statutes relative to the province of the province of the obligations of my power 605, F.S. Or, if this document is being filed to means, I hereby confirm that the limited liability company	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of se provided in the articles of organization or SECRETARY OF THE AHASSEE OF THE AH	
_	16	s, I hereby confirm that the limited liability company God Registered Agent Sylvia Queppet, Assistant Vice		

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