## M04000002447

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

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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FEB 1.7 2013 T WAMPTON



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#: 964083-156

Re: ASTAR ASB FL3, 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	R ASB FL3, LLC	<del> </del>	
2. (a) Principal office address of limited liability (Note: MUST BE STREET ADDRESS)	company: 1114 AVE. OF THE AMERICAS 39th Floor		
	NEW YORK	N\ 10036	
(b) Mailing address of limited liability compar (Note: MAY BE POST OFFICE BOX)	ny:		
06/24/2004	M04000002497		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office sh	nown on the records of the Florida Dept.	of State:	
Registered Agent:	C T CORPORATION SYSTEM		
Registered Office Address:	1200 SOUTH PINE ISLAND RO	1200 SOUTH PINE ISLAND ROAD	
	PLANTATION F	L 33324	
NEW Registered Agent:  NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRE	1201 Hays Street		
<u>(MUST BE FLORIDA STREET ADDRE</u>	Tallahassee	.FL 32301	
If the limited liability company is not organized up confirmed that after the change or changes are may and the business office of the registered agent will liability company, it is hereby confirmed that the other members of the limited liability company or as the operation of the limited liability company or as the operation of a member of the limited liability company or as the operation of a member of the limited liability company or as the operation of a member of the operation of a member of the operation of a member of the limited or typed name of signee  I hereby accept the appointment as registered against and I am familiar with and accept the obligations of all statutes relative and I am familiar with and accept the obligations of address, I have by confirm that the limited liability By:	ide, the Florida street address of the regis le identical. Or, in the case of a Florida change(s) was/were authorized by an affi s otherwise provided in the articles of ormany.	stered office a limited irmative vote of ganization or	
Signature of Regisfored Agent Corporation Service Corporation	<del></del>		

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