m04000002498

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	me)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

NHFEBIL AMII:35 Becretary of Siate

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#: 964083-158

Re: ASTAR ASB FL4, 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.	Nai	me of the limited liability company: ASTAR ASB FL4	, LLC		
2.	(a)	Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	39(1) F1001		
			NEW YORK	N) 10036	
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
06	6/24/	2004	M04000002498		
3.	Dat	te of filing/registration in Florida	4. Document number		
5.	(a)	Registered Agent and Registered Office shown on t	he records of the Florid	a 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> :	NEW Registered Office address: Corporation Service Company		
		NEW Registered Office Address:	1201 Hays Street		
(MUST BE FLORIDA STREET ADDRESS)			Tallahassee	,FL 32301	
co an lia the	nfiri d the bilit e me	limited liability company is not organized under the lamed 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) embers of the limited liability company or as otherwise rating agreement of the limited liability company.	orida street address of t cal. Or, in the case of a was/were authorized by	he registered office a Florida limited y an affirmative vote of	
Sig	natur	a member or authorized representative of a member	-	LLAH FCRE LLAH	
		Priebe, Authorized Person or typed name of signce	-	HAR ASS	
l co an Cl	here mpl id I a hapti	by accept the appointment as registered agent and any with the provisions of all statutes relative to the product familiar with and accept the obligations of my poser 605, F.S. Or, if this document is being filed to merous, I pereby confirm that the limited liability company	per and complete perfo sition as registered age rely reflect a change in	city. Tfurtheragree dormance of my duties of my duties of my duties of the registered office	
		re of Regultered Agent Corporation Service Company	Sylvia Queppet, Assist	ant Vice President	