MI0000003828

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DATE:

02-02-15

NAME:

EAST ASSET MANAGEMENT, LLC

TYPE OF FILING: CHANGE OF AGENT

COST:

25.00

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AUTHORIZATION: ABBIE/PAUL HODGE

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: EAST ASSET	MANAGEMENT, LLC
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	7777 BEACON SQUARE BLVD.
	BOCA RATON, FL 33487
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	7777 BEACON SQUARE BLVD.
	BOCA RATON, FL 33487
August 27, 2010	M10000003828
3. Date of filing/registration in Florida	1. Document number
5. (a) Registered Agent and Registered Office shown on the	ne 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</u> NEW Registered Agent:	V Registered Office address: National Corporate Research, Ltd., Inc.
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Drive
	Tallahassee ,FL 32301
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of
JOHN P. SIEMINSKI Printed or Typed name of signee	
I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the product and I am familiar with and accept the obligations of my post Chapter 605, F.S. Or, if this document is being filed to mer address, thereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.
Signature of Registered Agent Sean Honan, Assistant Secretar	·
Division of Corporations, P.O. Box 632	27, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (12/13)