M13000001775

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

Office Use Only



300290593723

09/29/16--01017--018 **25.00

Ib SEP 29 PM J: 51

SEP 3 0 2016

Y SULKER



Toll Free (800)899-8648 Voice (518)694-4414 Fax (518)432-0408

September 20, 2016

RE: THOR ASB 605 LINCOLN ROAD, LLC

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To whom it may concern:

Enclosed please find a statement of change of registered agent for the above together with our check to the Florida Department of State for 25.00..

Please file on an expedited basis, forwarding a stamped copy as appropriate evidence to the attention of the undersigned, via regular mail.

If there are any corrections or additional fees required to complete this filing, please KEEP these documents in your possession and telephone the undersigned toll free at 1-877-894-9049 for specific instructions.

Thank you.

Sincerely,

Dolores Burton

ris Burd

JK: dab Enclosure

Our ID # THORA07787

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

t. 1	Na	me of the limited liability company: THOR ASB 60	5 LIN	ICOLN RO	AD, LLC
2. (8		C/O ASB CAPITAL MANAGEMENT, LLC		b) C/O AS	B CAPITAL MANAGEMENT, LLC
٠. (د	•,	Principal office address of limited liability company:	- `		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		(Note: MUST BE STREET ADDRESS) 7501 WISCONSIN AVE, STE. 1300 W		7501 W/	SCONSIN AVE, STE. 1300 W
		·	-		
		BETHESDA, MD 20814	_	BETHES	SDA, MD 20814
		3/19/2013		M130000	01775
3.		Date of filing/registration in Florida	4.		Document number
5. (a)				
٥. (ω,	Registered Agent and Registered Office shown on the records of the	e Floric	la Dept. of State	.
		C T CORPORATION SYSTEM			
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
		1200 SOUTH PINE ISLAND ROAD			
		PLANTATION, FL 33324 ,FL			
4	4 1	United Corporate Services, Inc.			
Ç	b)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	-
		9200 South Dadeland Blvd Suite 508			
		NEW Registered Office Address:			- SEP
		NEW Registered Office Address.			Sec. 29
		Miami	22156	2	
		FL_	33156		- 3 S
the cager was the	che nt v /we arti	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law ture of a member or authorized representative of a member	the reg bility of the lin imited Jo	distered office company, it is mited liability is liability con eseph J. Sit	e and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in npany. It Printed or typed name of signee
	1	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have a change in the registered office address, I have a considered of this change in the registered office address. I have a considered of this change is a considered of the consid	ee to acceptoring the formal interesting the formal interesting the following the foll	et in this cap nance of my Chapter 60: confirm that	acity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been