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From:

Account Name : UNITED AGENT GROUP INC.

Account Number : I20160000086 Phone : (561)508-5033 Fax Number : (561)694-1639

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81	nnual	repor	t mailin	gs.	Enter	only	one	email	add	res	s ple	<b>asę</b> ,	# A** = 1

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## LLC REGISTERED AGENT CHANGE INVISTA ASHBURN HILL LLC

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ختته



## 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.

1. 3	Name of the limited liability company:INVISTA ASI	HBURN HIL	LLLC					
2. (a	4111 East 37th Street North	(b	4111 East 37th Street No	rth	•			
•	Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)		Mailing address of	of limited liability comp BE POST OFFICE BO				
	Wichita, KS 67220		Wichita, KS 67220					
	08/19/2013		M13000005228					
3.	Date of filing/registration in Florida	4.	Document nu	mber				
5. (1	C T CORPORATION SYSTEM			aus.				
	Registered Agent and Registered Office shown on the records 1200 SOUTH PINE ISLAND ROAD	Dept, of State;	- 12 C	a <b>p</b> 1				
	Registered Office Address (MUST BE FLORIDA STREE	<u> </u>		FILED				
	PLANTATION	FL						
(b) .	United Agent Group Inc.				<del>كر</del> خ			
	Enter name of NEW Registered Agent and/or NEW Registe	Enter name of NEW Registered Agent and/or NEW Registered Office address:						
	SOI US Highway !							
	NEW Registered Office Address:							
	North Palm Beach	FL 33408						
		FL						
chang agent was/v	limited liability company is not organized under the ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member rticles of organization or the operating agreement of the	the registered I liability cor rs of the limi	i office and the business npany, it is hereby confir ted liability company or a	office of the regist	ered ge(s)			
	Cu Vielle	Erin (	Saville, Attorney-In-Fact					
Sign	nature of a member or authorized representative of a member	· · · · ·	Printed or typed	l name of signee	,			
provi the or to me	by accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my position as registered agent as provingly reflect a change in the registered office address, and in writing of this change.  Danielle Gogge	ete performa ided for in Ci , I hereby coi	nce of my duties, and I ar hapter 605, F.S. Or, if th yirm that the limited liab	m familiar with and	d accent			
Signa	ture of Registered Agent	an, Special	Secretary					

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