## M14000007108

| (Re                                     | questor's Name)  |      |  |  |  |  |  |
|-----------------------------------------|------------------|------|--|--|--|--|--|
| (Address)                               |                  |      |  |  |  |  |  |
| (Ad                                     | dress)           |      |  |  |  |  |  |
| (Cit                                    | y/State/Zip/Phon | e #) |  |  |  |  |  |
| PICK-UP                                 | ☐ WAIT           | MAIL |  |  |  |  |  |
| (Bu                                     | siness Entity Na | me)  |  |  |  |  |  |
| (Document Number)                       |                  |      |  |  |  |  |  |
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2017 HAY -5 PM 11 49
SECKETARY OF STATE

K. SALY MAY - 9 2017



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: May 3, 2017

Order#: 613983-334

Re: THOR ASB 75 NE 39TH 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: Grace Kirby 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.

OUCA.XCOA

## 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.                      | Na                             | me of the limited l                                                                                                                                          | iability company                                                                 | y: THOR ASB 75 I            | VE 39TH                                                        | LLC                                                                                                               | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <del></del>                                                                                     |  |  |
|-------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|--|
| 2. (a)                  | (a)                            | C/O ASB Capital Management, LLC  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  7501 Wisconsin Avenue, Suite 1300 W |                                                                                  |                             | _ (b)                                                          | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  7501 Wisconsin Avenue, Suite 1300 W |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |  |  |
|                         |                                |                                                                                                                                                              |                                                                                  |                             | _                                                              |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |  |  |
|                         |                                | Bethesda                                                                                                                                                     | MD                                                                               | 20814                       |                                                                | Bethesda                                                                                                          | MD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 20814                                                                                           |  |  |
|                         |                                | 05/07/2014                                                                                                                                                   |                                                                                  |                             |                                                                | M140000031                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |  |  |
| 3.                      |                                | Date of fi                                                                                                                                                   | ling/registration                                                                | in Florida                  | 4.                                                             | Do                                                                                                                | cument number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | r                                                                                               |  |  |
| 5. (a                   | (a)                            | C T Corporation                                                                                                                                              | n System                                                                         |                             |                                                                |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |  |  |
|                         | ` '                            | Registered Agent and                                                                                                                                         | Registered Office s                                                              | hown on the records of t    | he Florida                                                     | Dept. of State:                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |  |  |
|                         |                                | 1200 South Pine                                                                                                                                              | Island Road                                                                      |                             |                                                                |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |  |  |
|                         |                                | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)                                                                                                   |                                                                                  |                             |                                                                | !                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |  |  |
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|                         |                                | Plantation , FL                                                                                                                                              |                                                                                  |                             | 33324                                                          |                                                                                                                   | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MINN-5 PH 1149 SECRETARSE OF STATE SECRETARSE OF STATE                                          |  |  |
|                         | <b>(b)</b>                     | Corporation Serv                                                                                                                                             | ice Company                                                                      |                             |                                                                |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 弱ら                                                                                              |  |  |
|                         | (0)                            |                                                                                                                                                              |                                                                                  | nd/or <u>NEW Registered</u> | Office add                                                     | lress:                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | THE PERMIT                                                                                      |  |  |
|                         |                                |                                                                                                                                                              |                                                                                  |                             |                                                                | ···                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FFS #                                                                                           |  |  |
|                         |                                | 1201 Hays Street                                                                                                                                             | t                                                                                |                             |                                                                |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 22 F                                                                                            |  |  |
|                         |                                | NEW Registered Offi                                                                                                                                          |                                                                                  |                             |                                                                |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2 m 20 m                                                                                        |  |  |
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|                         |                                | Tallahassee                                                                                                                                                  | <del>,</del>                                                                     | , FL                        | 32301                                                          | <del> </del>                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |  |  |
| the<br>age              | cha<br>ent w<br>s/w            | nge or changes are vill be identical. O reauthorized by a                                                                                                    | made, the Flori<br>or, in the case of<br>n affirmative vo                        | a Florida limited lia       | the regis<br>ability co<br>of the limi<br>limited li           | tered office and<br>mpany, it is he<br>ited liability co<br>iability compar                                       | d the business of the confirmed ompany or as of the confirmed or as of the confirmed on the | office of the registered                                                                        |  |  |
|                         | Signat                         | ure of a member or aut                                                                                                                                       | -001                                                                             | ive of a member             | Jill Cilmi, Authorized Person  Printed or typed name of signee |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |  |  |
| ]  <br>pro<br>the<br>to | herel<br>ovisi<br>obli<br>mere | accent the annoi                                                                                                                                             | intment as regis<br>relative to the pi<br>ition as registere<br>in the registere | tered agent and agr         | ee to act<br>performa<br>d for in C<br>hereby co               | in this capacit<br>unce of my duti<br>hapter 605, F.<br>onfirm that the                                           | y. I further agg<br>es, and I am fa<br>S. Or, if this d<br>limited liability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ree to comply with the<br>miliar with and accept<br>ocument is being filed<br>ocompany has been |  |  |
| Si                      | gnatui                         | re of Registered Agent                                                                                                                                       | Corporation S                                                                    | ervice Company              | BY: G                                                          | race E. Kirby,                                                                                                    | Asst. Vice Pr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | resident                                                                                        |  |  |