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ALLAHASSEE, FLUR

RECEIVED

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

CHANGE OF AGENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

NAME: ASHLEY CLUB TRUSTEE LLC

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

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. 1	Name of the limited liability company: ASHLEY CLUE	3 TRUSTE	EE LLC	
2. (a	135 CDOSSIMAVS DADK DD	(l	135 CROSSWAYS PARK DR	
2. (u	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	STE 401		STE 401	
	WOODBURY, NY 11797		WOODBU	JRY, NY 11797
	01/29/2018		M1800000	1000
3.	Date of filing/registration in Florida	4.		Document number
5. (a	Registered Agent and Registered Office shown on the records o NRAI SERVICES, INC. Registered Office Address (MUST BE FLORIDA STREET)			
1200 SOUTH PINE ISLAND ROAD				3 SE
	PLANTATION . F	33324 L		2023 SEP -7 SECRETARY STALL AHA
(b	Enter name of NEW Registered Agent and/or NEW Registere Corporation Service Company NEW Registered Office Address:		dress:	ANII: 25
	1201 Hays Street			
	Tallahassee F	L_32301		- -
chang agent was/v	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registere iability co of the lim	ed office and impany, it is lited liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	Lee E. Wone	Jill (Cilmi, Autho	prized Person
I her provi the or to me novifi	nature of member or authorized representative of a member eby accept the appointment as registered agent and ages sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address. It is writing of this change	ree to act e performe ed for in C hereby co	in this capa ince of my a Chapter 605 onfirm that t	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been

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