6/23/2021



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## LLC REGISTERED AGENT CHANGE ASTER HOLDINGS, LLC

Certificate of Status	0
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To: 18506176383

## 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 liability company: Aster Holdings, Ll	C					
2. (				(b)	·	Mailing address of limited habil	ien aanen	
		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  120 Tredegar Street			-	Mailing address of innied faoti (Note: MAY BE POST OFF		•
					120 Tredegar Street			
		Richmond, VA 23219			Richmond	, VA 23219		
		08/18/2017			M17 <b>00</b> 0007	126		
3.		Date of filing/registration in Florida	4.	-		Document number		
ę	لمت	COGENCY GLOBAL INC.						
5.	(a)	Registered Agent and Registered Office shown on the records of	he Flor	ida	Dept. of State	- e:		
		115 NORTH CALHOUN STREET, SUITE 4	-					
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				-		<u></u> :
					_	_	21	SE 3S
		TALLAHASSEE, FL	32301			_	<b>K</b> ÜÇ	됐
(b)	,FU		_		-	¥ 23	유지	
	C T Corporation System				_		500 1400	
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:					A	RY OF STATE CORPORATIONS
							ဖွဲ့ ပ	RAT
						_	32	SE.
		· <del></del> · ·	NEW Registered Office Address:					S
		1200 South Pine Island Road				_		
		Plantation , FL	33324	١_		_		
uya age	cha ent v s/we art	imited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the real ability of the l limite	egi lim ed	stered offic impany, it i sited liabili liability cor	is hereby confirmed that the company or as otherwise mpany.	he chan	gc(s)
		Waren W. Doggett	K	are	n W. Dogg	ett, Assistant Secretary  Printed or typed name of sign	nee-	
1 / pro the to no	nere ovis ob mer tifte	ture of a member or authorized representative of a member thy accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I well in writing of this change. Is Michele Holden  Wichele Holden Michele Holden, Asst Sect	ree to perfo d for hereby	ac in in (	t in this cap ance of my Chapter 60 anfirm that	nacity I firether gover to a	comply	with the id accept ing filed s been

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