I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

SIGNATURE: SABRINA MATTHIAS

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P13000086608

Entity Name: ASPHERICON, INC.

Current Principal Place of Business:

411 N MAIN STREET 2-A GAINESVILLE , FL 32601

Current Mailing Address:

411 N MAIN STREET 2-A GAINESVILLE , FL 32601 US

FEI Number: 46-3957717

Name and Address of Current Registered Agent:

MATTHIAS, SABRINA 411 N MAIN STREET 2-A GAINESVILLE , FL 32601 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	SABRINA MATTHIAS			02/18/2015
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	D	Title	PST	
Name	ZSCHAEBITZ, ALEXANDER W.	Name	MATTHIAS, SABRINA	
Address	GRUENE AUE 20	Address	918 SE 2ND AVE	
City-State-Zip:	JENA 07745	City-State-Zip:	D GAINESVILLE FL 32601	
Title	VP			
Name	SCHNEIDER, STEFFEN			
Address	5495 SOAPSTONE PL			
City-State-Zip:	SARASOTA FL 34233			

Certificate of Status Desired: No

Date

02/18/2015

FILED Feb 18, 2015 Secretary of State CC9530283214