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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and		
that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE CHRISTOPHER MAGANIAS	MANAGER	01/28/2022

SIGNATURE: CHRISTOPHER MAGANIAS

Electronic Signature of Signing Authorized Person(s) Detail

MAGANIAS, CHRISTOPHER 875 CYPRESS STREET TARPONG SPRINGS, FL 34689 US

Name and Address of Current Registered Agent:

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: CHRISTOPHER MAGANIAS

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

DOCUMENT# L20000343459

Current Mailing Address: 875 CYPRESS STREET

FEI Number: 86-1360842

250 N. US HIGHWAY 1 ORMOND BEACH, FL 32174

Current Principal Place of Business:

TARPONG SPRINGS. FL 34689 US

Title MGR Name MAGANIAS, CHRISTOPHER Address 875 CYRESS STREET City-State-Zip: TARPON SPRINGS FL 34689

Entity Name: ASTRO SKATING CENTER OF ORMOND BEACH, LLC

Certificate of Status Desired: No

01/28/2022 Date

Date

FILED Jan 28, 2022 Secretary of State 1313984912CC

MANAGER