## L03000015855

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J. HORNE				
J. HORNE MAY 24 2025				

Office Use Only



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FILED 2025 H.: 28 AH 9: 13

> RULLINGED 2025 MAY 28 PM 4:45

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	: 12000000195					
REFERENCE						
AUTHORIZATION						
COST LIMIT	: \$25.00					
ORDER DATE : 05/28/25						
ORDER TIME :						
ORDER NO. :						
CUSTOMER NO:						
CHANGE OF AGENT						
NAME:						
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:					
CERTIFIED COPY PLAIN STAMPED COPY						
CONTACT PERSON: shauna godbolt						
EX	KAMINER'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:	ASTRI	JCTU	JRE, LLC
2. (a	)		(b)	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	700 UNIVERSE BLVD		70	00 UNIVERSE BLVD
	JUNO BEACH, FL 33408	_	JL	JNO BEACH, FL 33408
		_	1.02	3000015855
_	05/02/2003			
3.	Date of filing/registration in Florida	4.		Document number
5. (a	Registered Agent and Registered Office shown on the records of t			<u></u>
	Registered Agent and Registered Office shown on the records of t LEE, DAVID M.	he Flori	da Dep	Document number  pt. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	700 UNIVERSE BLVD			
	JUNO BEACH . FL.	33408		<del></del>
(b	Emer name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ddress	<u>»</u> :
	Corporation Service Company			
	NEW Registered Office Address:			
	1201 Hays Street			
	Tallahassee	32301		
changagen was/sthe a	e limited liability company is not organized under the law ge or changes are made, the Florida street address of the I will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of tricles of organization or the operating agreement of the lason lear nature of a member or authorized representative of a member.	registe bility of the li- limited Ja	red of compa mited liabil son P	effice and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in lity company.  Pear  Printed or typed name of signee
provi the o to me	rehy accept the appointment as registered agent and agressions of all statutes relative to the proper and complete poligations of my position as registered agent as provided arely reflect a change in the registered office address. I hiedfu writing of this change:	re to ac perform for in ereby c	et in ti nance Chap vonfir	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept over 605, F.S. Or, if this document is being filed rm that the limited liability company has been
Signi	nure of Registered Agent sst Vice President			

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25.00