## 1/2000025810

(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:						

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02/15/10--01019--015 \*\*25.00

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J. LEGGETT

## **COVER LETTER**

Divi	sion of Corporations						
SUBJECT:	Astro Tax Services LLC						
	Name of Limited Liability Company						
Dear Sir or M	Madam:						
The enclosed	d Registered Agent/Registered Off	ice Change	and fe	e(s) are submitted for filing.			
Please return	all correspondence concerning th	is matter to	the fo	llowing:			
Naveen M	athur						
	Name of Person			•			
	Firm/Company						
8789 Pase	eo De Valencia Street						
	Address						
Fort Myers	s, FL 33908						
	City/State and Zip Code						
astrotaxse	rvicesllc@gmail.com						
E-mail	address: (to be used for future ann	ual report n	otifica	ition)			
For further in	nformation concerning this matter,	please call:					
Naveen M	athur	239 at (		910-5329			
	Name of Person		,	) Area Code & Daytime Telephone Number			
Regi Divis Clift 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle shassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Encl	osed is a check for the following	amount:					
<b>☑</b> \$2	25 Filing Fee		<b>\$</b> 55	Filing Fee & Certified Copy			

TO: Registration Section

## 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.

I. Na	ume of the limited liability company: Astro Tax	Services I	LLC			
2. (a)	8789 Paseo De Valencia Street (b) 8789			Paseo De Valencia Street		
` ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	Fort Myers FL 33908		Fort Mye	Fort Myers FL 33908		
	02/22/2012		L1200002	25810		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	1968					
	Registered Agent and Registered Office shown on the records 8789 Paseo De Valencia Street	<u>≯</u> ∴ 8				
	Registered Office Address (MUST BE FLORIDA STREET	E TI				
	Fort Myers		15 E			
(b)	Naveen Mathur					
(5)	Enter name of NEW Registered Agent and/or NEW Registe	> vi				
	8789 Paseo De Valencia Street					
	NEW Registered Office Address:					
	Fort Myers	FL 33908				
	·	FL_00000				
the chai agent w was/we	mited liability company is not organized under the nge or changes are made, the Florida street address ill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member cles of organization or the operating agreement of the following agreement of the	of the regis Hiability cos s of the lim	stered office impany, it is ited liability iability comp	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.		
Signati	are of a member or authorized representative of a member		100	Printed or typed name of signee		
I hereb provision he obli no mere notified	y accept the appointment as registered agent and a ons of all statutes relative to the proper and comple gations of my position as registered agent as provi ly reflect a change in the registered office address, in writing of this change.	agree to act ete performo ded for in C I hereby co	in this capa	ain. I finished agree to comply with the		