## L15000082951

(Requestor	's Name)			
(Address)	<u></u>			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL			
(Business I	Entity Name)			
(Document Number)				
Certified Copies C	ertificates of Status			
Special Instructions to Filing Officer:				
	4			

Office Use Only



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04/12/18--01019--003 \*\*25.00



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## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJ	* Asterisk Entertainme	ent, LLc				
0000	Name of Limited Liability Company					
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered Offic	e Change and fee	e(s) are submitted for filing.			
Please	return all correspondence concerning this	matter to the fol	lowing:			
Dian	e Kalinowski					
	Name of Person					
MyLl	.C.com, Inc.					
	Firm/Company					
1910	Thomes Ave.					
-	Address					
Chey	renne, WY 82001					
	City/State and Zip Code					
servi	ce@myllc.com					
E	E-mail address: (to be used for future annu	al report notifica	tion)			
For fu	rther information concerning this matter, p	olease call:				
Dia	ane Kalinowski	888 at (	886-9552			
	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regis Divisi P.O. I	tration Section ion of Corporations Box 6327 nassee, Florida 32314			
Enclosed is a check for the following amount:						
	□ \$25 Filing Fee	<b>□</b> \$551	Filing Fee & Certified Copy			

INHS18 (2/14)

## 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:*Asterisk E	ntertainm	nent, LLC
2. (a)	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		<del></del> -	
	05/11/2015		L15000082951
3.	Date of filing/registration in Florida		Document number
5 (a)	UNITED STATES CORPORATION AGEN	ITS, INC	
5. (a)	Registered Agent and Registered Office shown on the records o	f the Florida [	Dept. of State:
	13302 WINDING OAK COURT A		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	Tampa . F	L 33853	
(b)	InCorp Services, Inc.		
(0,	Enter name of NEW Registered Agent and/or NEW Registere	d Office add	TESS: APP.
	17888 67th Court North		
	NEW Registered Office Address:		F.S
		<u> </u>	64
	Loxahatchee , F	<sub>L</sub> 33470	
the cha agent was/w	limited liability company is not organized under the large or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members igles of organization or the operating agreement of the	of the regist liability cor of the limited limited limited	ered office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
Signs	ature of a member or authorized representative of a member		Printed or typed name of signee
I here provis the ob to mer	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as provide ely reflect a change in the registered office address, a d in writing of this change.	gree to act le performa led for in C I hereby co	in this canacity. I further garee to comply with the
Signati	ure of Registered Agent		

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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