Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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Email Address:

LLC REGISTERED AGENT CHANGE ASTER INSURANCE SOLUTIONS, LLC

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Help

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	ame of the limited liability company: ASTER INSURA	NCE !	SOL	UTIONS.	. LLC		
2. (8950 sw 74 ct		(b)	2050			
2. (,	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)		Mailing address of limited liab		•
		=1505			#1505			
		Miami, FL 33156			Miami, I	FL 33156		
		09/06/2019		1	.1900022	5870		
3.		Date of filing/registration in Florida	4.	_		Document number		
5. (a)	UNITED STATES CORPORATION AGENTS, INC.						
., (4)	,	Registered Agent and Registered Office shown on the records of t 5575 S. SEMORAN BLVD.	he Flo	rida I	Dept. of St	ale:		
		Registered Office Address (MUST BE FLORIDA STREET A	DDRI	<u> </u>			2022 DEC 19	
(b)		ORLANDO , FL	3282	2				조요 5류=
	o)	Corporate Creations Network Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address:			_	9 AHII: 2:	FRED ARY HE SHALL FREDERING AND	
		801 US Highway 1			: 27			
		NEW Registered Office Address:						
		North Palm Beach, FL_	33408	3		_		
chan agen was/	ge Lw we	mited liability company is not organized under the law or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liab the authorized by an affirmative vote of the members of cles of organization or the operating agreement of the land.	regist bility f the l imite	ered con imit d lia	office a pany, it ed liabil bility co	nd the business office of the is hereby confirmed that the ity company or as otherwis	e regist e chang	ered ge(s)
Sig	nat	ure of a member or authorized representative of a member	_			Printed or typed name of sign		
The prov the o to m notif	relisio isio bli ere iea	by accept the appointment as registered agent and agreems of all statutes relative to the proper and complete partitions of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	re to a verfor for it ereby	ict in man i Ch i con	i this cap ce of my apter 60 firm thai	pacity. I further agree to c	omoh: v	vith the l accept ng filed been
Sign	US atur	M Alvarez, Special Secretary e of Registered Agent						