L22000266444

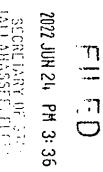
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	·			
Serimed Copies	_ Octanioates	or claims		
Special Instructions to Filing Officer:				
J. HORNE				
	SEP 19 2	:022		

Office Use Only



100389913851

06/24/23--01011--030 ++55.00



COVER LETTER

TO:	Registration Section Division of Corporations		•
	ASK ASTRO LLC		
SUBJ	JECT:		
	Name	of Limited	Liability Company
Dear	Sir or Madam:		
The e	nclosed Registered Agent/Registered Offic	e Change an	d fee(s) are submitted for filing.
Please	e return all correspondence concerning this	matter to the	e following:
Biank	a Roberts		
	Name of Person		
ASK.	ASTRO LLC		
	Firm/Company	<u> </u>	
1031	IVES DAIRY ROAD SUITE 228		
	Address		
MIAN	MI, FLORIDA 33179		
	City/State and Zip Code	:	
BIZ@	MOOREMVMNT.COM		
	E-mail address: (to be used for future annu-	al report not	ification)
For fu	orther information concerning this matter, p	lease call:	
Biank	a Roberts	1	4244641080
		at ()
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following a	ımount:	
	□ \$25 Filing Fec	()	\$55 Filing Fee & Certified Copy

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.

	ASK ASTRO LLC				
	ne of the limited liability company:	10.5	I IVES DAIRY ROAD		
2. (a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) SUITE 228	sur	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) SUITE 228		
	MIAMI, FLORIDA 33179	MIA	MI, FLORIDA 33179		
	6/10/2022	1,2200	00266444		
3.	Date of filing/registration in Florida Joan Garden	4.	Document number		
5. (a)	Registered Agent and Registered Office shown on the records of 1031 IVES DAIRY ROAD SUITE 228 MIAMI, FLORII	the Florida Dept. DA 33179	of State:		
	Registered Office Address <u>MUST BE FLORIDA STREET</u> 1031 IVES DAIRY ROAD SUIVE 228	<u>ADDRESS)</u>			
	MIAMI, F	33179 L	202:		
(b)	SPEEDE PRODUCTIONS		IC 1 2022 JUN 24 SECRETAR FALL AHASS		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address			
	1031 IVES DAIRY ROAD SUITE 228 MIAMI, FLORI	DA 33179	—— Fig. 3. D		
	NEW Registered Office Address: 1031 IVES DAIRY ROAD SUITE 228				
	MIAMI I	331 7 9			
chang agent was/w the/ar	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited tere authorized by an affirmative vote of the member ticles of organization or the operating agreement of the member of the membe	liability compa	any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company. Roberts		
	ature of a member or authorized representative of a member		Printed or typed name of signee		
provi. the ol	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple oligations of my position as registered agent as provi rely reflect a change in the registered office address, ed in writing of this change.	igree to act in the performance ded for in Chap The hereby confit	rns capacity. I further agree to comparish the soft of my duties, and I am familiar with and accept of the following filed of the limited liability company has been		

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

Signature of Registered Agent