

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Email Address:

LLC REGISTERED AGENT CHANGE HOUSTON ASTROS, LLC

K. SALY MAR 19 2018

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STATEMENT OF CHANGE OF REGISTERED OFFICE OF 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. N	ame of the limited finbility company: Houston Astr	os, LL	<u></u>	
2. (a)	501 CRAWFORD STREET #500	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	_{b)} 501 CR	AWFORD STREET #500
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	HOUSTON, TX 77002		HOUST	ON, TX 77002
	TOSSION, TATION			ON, 127700
	08/24/2009		M090000	003501
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	CT CORPORATION SYSTEM			
(11)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of Stat	<u>-</u> e:
	Rogistered Office Address (MUST BE FLORIDA STREET	ÂDURES	27	- SE SE
	1200 SOUTH PINE ISLAND ROAD			- S3 € -
	PLANTATION ,FI	33324	<u>; </u>	CRETARY OF LIAMASSEE.
(b)	Corporate Creations Network Inc.			SEE T
ζ.,	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	571 9.0
	11380 Prosperity Farms Road #221E		.57	STATE FLORIDA
	NEW Registered Office Address:		<u> </u>	·
	Ratu Bank Control			-
	Palm Beach Gardens ,FI	33410	<i>-</i>	-
the ch agent was/w	limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- cre authorized by an affirmative vote of the members of icles of organization of the operating agreement of the	f the reg iability o of the lir limited	istered offic company, it i nited liabilit liability cor	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
Signa	nure of a member of authorized representative of a member			Printed or typed name of signee
I here provis the ob to mer notifie	thy accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change to the registered office address, I d in writing of this change. Denielle Gossman, to	e perjorn ed for in hereby o	nchice of my Chapter 60. confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signati	ire of Registered Agent	- fe-can	PURIY	
	Division of Companyiones D ()	Bay 63 7	7e Tellabe	**** F1 32314

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25:90