DOC ID ----> 201819201104

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/11/2018	201819201104	Subsequent Agent Appointment (FGS)	25.00				0

Receipt

This is not a bill. Please do not remit payment.

ROBBINS KELLY PATTERSON & TUCKER
7 W 7TH STREET STE 1400
CINCINNATI, US, 45202

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

2315923

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

ASTRONOMER, INC.

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
Subsequent Agent Appointment	**201819201104**

Effective Date: 07/11/2018

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 11th day of July, A.D. 2018.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201819201104

Form 521 Prescribed by:

JON HUSTED
Ohio Secretary of State

Date Electronically Filed: 7/11/2018

Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov | *busserv@OhioSecretaryofState.gov*
File online or for more information: *www.OHBusinessCentral.com*

For screen readers, follow instructions located at this path.

Statutory Agent Update
Filing Fee: $25
Form Must Be Typed

(CHECK ONLY ONE(1) BOX)

(1) Subsequent Appointment of Agent
- [x] Corp (165-AGS)
- [ ] LP (165-AGS)
- [ ] LLC (171-LSA)
- [ ] Business Trust (171-LSA)
- [ ] Real Estate Investment Trust (171-LSA)

(2) Change of Address of an Agent
- [ ] Corp (145-AGA)
- [ ] LP (145-AGA)
- [ ] LLC (144-LAD)
- [ ] Business Trust (144-LAD)
- [ ] Real Estate Investment Trust (144-LAD)

(3) Resignation of Agent
- [ ] Corp (155-AGR)
- [ ] LP (155-AGR)
- [ ] LLC (153-LAG)
- [ ] Partnership (153-LAG)
- [ ] Business Trust (153-LAG)
- [ ] Real Estate Investment Trust (153-LAG)

Name of Entity: ASTRONOMER, INC.

Charter, License or Registration No.: 2315923

Name of Current Agent: ZACHARY BAHORIK, ESQ

Complete the information in this section if box (1) is checked

Name and Address of New Agent

RKPT SERVICE CORP.
Name of Agent

7 W. SEVENTH STREET, SUITE 1400
Mailing Address

CINCINNATI
City

OH
State

45202
ZIP Code

Complete the information in this section if box (1) is checked and business is an Ohio entity

ACCEPTANCE OF APPOINTMENT FOR DOMESTIC ENTITY'S AGENT

The Undersigned, _____ , named herein as the
Name of Agent

statutory agent for _____ , hereby acknowledges
Name of Business Entity

and accepts the appointment of statutory agent for said entity.

Signature: _____
Individual Agent's Signature/Signature on behalf of Business Serving as Agent

Complete the information in this section if box (2) is checked

New Address of Agent _____
Mailing Address

_____ _____ _____
City State ZIP Code

Complete the information in this section if box (3) is checked

The agent of record for the entity identified on page 1 resigns as statutory agent.

Current or last known address of the entity's principal office where a copy of this Resignation of Agent was sent as of the date of filing or prior to the date filed.

_____
Mailing Address

_____ _____ _____
City State Zip Code

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Agent update must be signed by an authorized representative (see instructions for specific information).

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

TIM BRUNK
Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name