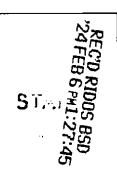


Application for Amended Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$75.00 (\$235 for an increase in authorized shares)



Pursuant to the provisions of RIGL <u>7-1.2-1411</u>, the undersigned foreign corporation hereby applies for an Amended Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

the following statement:				
1. Entity ID Number:	2. The name of the corporatio	n is:		
001745060	Astronomer, Inc.	tronomer, Inc.		
3. It is incorporated under the laws of:		4. List the date the Certificate of Authority was issued by the RI Department of State:		
Delaware		08/19/2022		
5. If the entity's name has ch state the new name:	anged,			
		Check box to indicate no change X		
6. The name, if different, which	ch it elects to use in Rhode Islan	d is:		
"incorporated," or "limited," or above corporate endings for (b) If the corporate name is n	r an abbreviation thereof, then lisuse in Rhode Island: not available in Rhode Island, the	ation does not contain the word "corporation," "company," st the name of the corporation with the addition of one of the		
application:	ness in Knode Island as stated ii	n the "Fictitious Business Name Statement" to be filed with this		
7. If the entity's purpose is chansacted in the State of Rhode		ection: *The new purpose should include ALL activity to be		
Check the box to indicate an	attachment	Check box to indicate no change X		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MSFILED (2)

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If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FORM 151 - Revised: 07/2021

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE	PAR VALUE OR STATE NO PAR VALUE	
Check the box to indicate	an attachment		Check box to it	ndicate no change	
a. An estimate, as a pero	centage, of the propor cated within this state cration to be owned du	tion that the estimated val during the following year b ring the following year, wh	ears to the value	%	
e transacted by the corp	oration at or from place red to the gross amour	tion of the gross amount of es of business in Rhode Is at thereof which will be tran centage obtained from wo	sland during ansacted by the	% %	
		anging indicate the new pr			
Principal Address Update: OLD principal business add NEW principal business ad	dress: 231 West 12th Stro dress: 50 W 23rd Street,	eet, Suite 2E, Cincinnati, OH Suite 1400, New York, NY	45202 10010		
			Check box to in	idicate no change	
0. As required by RIGL 3	7-1,2-105, the corporat	tion has paid all fees and t	axes.		
Except as herein modereby confirmed, ratified	dified, the original Appli d and incorporated by r	cation for Certificate of Au eference into this Applicat	thority continues in full force ion for Amended Certificate	and effect and is of Authority.	
1. Date when the Amend	ded Certificate of Author	ority will be effective: CHE	CK ONE BOX ONLY		
X Date received (Upor	n filing)	<u> </u>			
Later effective date ((Date must be no more	than 90 days from the da	te of filing)		
Under penalty of perjury, including any accompany	I declare and affirm the ying attachments, and	at I have examined this Ap that all statements contain	oplication for Amended Certi led herein are true and corre	ficate of Authority act.	
	er of the Corporation		Date		
Tallio of Flation Los of the			1/26	/2024	
Mike LeBlanc					