M16000005502

(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									
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Office Use Only



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RECEIVED

XXRPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO). :	120000000	195							
REFERENC	CE :	762812	7494445							
AUTHORIZATIO	: NO		7							
COST LIMI	T :	\$ 254000	Clado							
ORDER DATE : May 22, 2023										
ORDER TIME : 2:28 PM										
ORDER NO. : 762812-191										
CUSTOMER NO: 7494445										
										
<u>CHANGE OF AGENT</u>										
NAME: STRATAIR, L	.LC									
PLEASE RETURN THE FOLLOWING	AS PRO	OOF OF FIL	ING:							
CERTIFIED COPY										
PLAIN STAMPED COPY										
CONTACT PERSON: Alexxis Wei	land-«	sorenson								
		VER'S INIT	TALC							
	דוותשעירו	1017 O TMTT								

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: STRATAIR, LLC	·						
2.	(a)	1701 NW 66th Avenue		(b)	450 ALA	SKAN WAY S			
	(/	Principal office address of limited liability company:		(-,		Mailing address of		-	
		(Note: MUST BE STREET ADDRESS) Suite 301			SUITE 70	(<u>Note: MAY BE</u> N8	POST OFF	ICE BC	2.3)
			_						
		Miami, FL 33126	_		SEATTLE	E, WA 98104			
		07/08/2016		٨	и1600 0 00	05502			
3.		Date of filing/registration in Florida	4.	_		Document num	ber		
5.	(a)					_			
		Registered Agent and Registered Office shown on the records of t	he Flori	da I	Dept. of Sta	te:			
		REGISTERED AGENT SOLUTIONS, INC.				_			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						20	
		2894 REMINGTON GREEN LANE SUITE A					72		
		TALLAHASSEE	32308	,				: 	
		• • • • • • • • • • • • • • • • • • • •				_	18 K	2	است. ا
	(b)	Enter name of NEW Registered Agent and/or NEW Registered				<u> </u>		P	ۇ قۇ 12 ت
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office :	<u>idd</u>	ress:		ST/	PM 4: 07	
		Corporation Service Company					J.E.		
		NEW Registered Office Address:				_			
		1201 Hays Street				_			
		Tallahassee	32301						
		, FL	-			_			
ch ag wa	ange ent v 15/w	imited liability company is not organized under the law e or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registe bility of the li limited	red on mit l lia	l office an ipany, it i ed liabilit ibility con	nd the business of shereby confirm ty company or as npany.	ffice of the	regist chan	tered ge(s)
_		Xia & Cani	Jil —	I Ci	ilmi, Autho	orized Person			
	•	ture of a member or authorized representative of a member				Printed or typed n	-		
pro the to	ovisi 2 obl merc	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I h d in writing of this change.	perforn	nar	ice of mv .	duties, and Lam	familiar w	ith an	d accept
Sì	guain J	Te of Registered Agent							
ıra	ce E.	Kirby, Asst. Vice President \\ Division of Corporations \(P \) \\ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \	lov 42	77-	Tallaha	ccoo El 33214			

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