## M16000005502

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

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	08/20/2025	
Name:	Delijah Showers	_
Reference #:_	2861861	_
		ATAIR, LLC
☐ Articles	s of Incorporation/Authorization	to Transact Business
_		
_	e of Agent	
Reinsta	atement	
Conver	rsion	
Merger	-	
Dissolu	ution/Withdrawal	
Fictition	us Name	
Other_		
Authorized An	nount: <b>\$25</b>	
	Delizah Showers	

## 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. Name of the limited liability company:					STRATAIR, LLC					
						t	Update mailing address			
	(4)	no change  Principal office address of limited liability company:	_ `	υ,	Maili		ess of limited liability company:			
		(Note: MUST BE STREET ADDRESS)				Ī	Y BE POST OFFICE BOX			
			<u> </u>		3 Sugar Creel	k Cente	er Blvd, Suite 450			
			_		Sugar Land, TX	7747	8			
		7/8/2016				М16	5000005502			
3.		Date of filing/registration in Florida	4.	_	Doc	cument	number			
5.	(a)	CORPORATION SERVICE COMPA	NY							
	(-)	Registered Agent and Registered Office shown on the records of t	he Floric	ia E	Dept. of State:	ļ				
		_								
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>(S)</u>			202 :			
		1201 HAYS ST, SUITE A				1				
		TALLAHASSEE, FL_	;	32:	301		2025 AUG 20 AM 9: 20			
		Cogonay Clohol Inc					Ass.			
(1	(b)	Cogency Global Inc. Enter name of NEW Registered Agent and/or NEW Registered		ddr	ess:		A 9: 20			
				-		Ţ,	2			
		115 North Calhoun Street, Suite 4	Ļ				O			
		NEW Registered Office Address:								
					<u></u>					
		Tallahassee , FL		32:	301					
lf t	he li	mited liability company is not organized under the law	s of th	e S	tate of Florida	 1. it is h	nereby confirmed that after			
the ago wa	cha int w s/we	nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members o	the reg bility c f the lir	iste on mit	ered office and apany, it is hea ed liability co	d the bi reby co mpany	usiness office of the registered infirmed that the change(s)			
the	artic	cles of organization or the operating agreement of the	limited	lia		]				
	ianat	ure of a member or authorized representative of a member					Gonzalez  yped name of signee			
	•	by accept the appointment as registered agent and agri	er to a	- <i>t</i> i		ī				
pro the to i	visio obli nere	ons of all statules relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change.	perform I for in iereby e	nai Cl	ice of my dutic papter 605, F.S. Ifirm that the i	es, and S. Or, limited	I am familiar with and accept if this document is being filed liability company has been			
4	-	/s/ Michael Carlisle								
Sig	natur	of Registered Agent Michael Carlisle, Assistant Se	cretar	у						
		Division of Corporations● P.O. B FILING FI				FL 32	314			